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#### **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	BEST LOC	ATIONS, LLC	
	(Name of	Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:			
	REBECCA	(Name of Person)	
(Name of Person)			
NEW APPLET INC.			
(Firm/Company)			
164 WIND CHIME CT. (Address)			
(Address)			
PALEIGH NC 27615 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
PEBECCA McKEITHAN at (919) 256-4301 (Name of Person) (Area Code & Daytime Telephone Number)			
	NG ADDRESS: of Corporations	STREET ADDRESS: Division of Corporations	
P.O. Box Tallahas	x 6327 see, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\ \text{\$125.00 Filing Fee} \ \ \text{\$130.00 Filing Fee & } \ \text{\$\$155.00 Filing Fee & } \ \text{\$\$Certificate of Status} \ \ \text{Certified Copy} \ \ \text{of Status & Certified Copy} \]			

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) NORTH CAROLINA
(Jurisdiction under the law of which foreign limited liability)

3. 56-2178954
(FEI number, if applicable) company is organized) (Date of Organization) PERPETUAL
(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) WIND CHIME CT. 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: BUDINESS APPRESS: WIND CHIME CT., RALEIGH, NC 27615 MICHAEL D. OLANDER, MGRM > MANAGER & SOLE MENBER MICHAEL D. OLANDER MGR 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  BEST LOCATIONS, LLC	
2. The name and the Florida street address of the registered agent and office are:	
CT Corporation System	
(Name)	- TEE 07
1200 South Pine Island Road	MY 2
Florida Street Address (P.O. Box NOT ACCEPTABLE)	1 LED 22 PH ASSEE,
Plantation FL 33324	FLO
City/State/Zip	08 RIDA
Having been named as registered agent and to accept service of process for the above	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)
DALF W. MORRIS
ASSISTANT VICE PRESIDENT

\$ 100.00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)



## NORTH CAROLINA Department of The Secretary of State

## (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **BEST LOCATIONS, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of February, 2000, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of May, 2007.

Secretary of State

Elaine I. Marshall

Certification# 86745711-2 Reference# 8648825- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification