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EXAMINER



October 28, 2008

CHRISTOPHER ROACH 1831 N PARK AVENUE GLEN RAVEN, NC 27215

SUBJECT: TRI VANTAGE, LLC Ref. Number: W08000049341

We have received your document for TRI VANTAGE, LLC and your checkes totaling \$125.00. However, the enclosed document has not been filed and being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as reprint it is not distinguishable from the name of an administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit for letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name designated in your document is not available. Therefore, the LLC must adopt an alternate name for use in the state of Florida, To adopt an alternate name the LLC must submit a resolution.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 308A00055333

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Tri Vantage, LLC	ited Liability Company)
(Name of Lim	ned Diability Company)
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
Christopher T Roach	ACC TO
	me of Person) MASSEE PH 1: 35 m/Company)
Glen Raven, Inc	SEE P
(Fir	m/Company)
1831 N Park Ave	35 DA
	(Address)
Glen Raven, NC, 27215	
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ase cali:
Christopher T Roach	at (336) 586-1127
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{\sum}\$125.00 Filing Fee \text{\text{Certificate of }}\$	Status Certified Copy of Status & Certified Copy

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of TRI VANTAGE LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
NORTH CAROLINA
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
TRI VANTAGE DISTRIBUTION, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability.) Company, L.L.C., or LLC.)
Date: JUNE 26, 2009
Signature(s) of Manager(s) and/or Managing Member(s):
Steven 2/ Elliston June 26/2009
and E. Wallace for
A Bang Smeet
<u> </u>

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: Tri Vantage, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. North Carolina 26-1995615 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 4 02/11/08 5. Perpetual (Date of Organization) (Duration: Year limited liability company w exist or "perpetual") 09/28/08 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1401 Old Dixie Hwy Lake Park, FL, 33403 (Street Address of Principal Office) 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: Glen Raven, Inc. 1831 N Park Ave Glen Raven, NC, 27215 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: Distribution of woven

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.)

CHRISTOPHER T ROACH

fabrics

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	e of the Limited Liability (Compa	any is:	
Tri Vantag	ge, LLC		·	2005 1A1 1A1
If name una	vailable, the alternate nam	e to be	e used in the state of Florida is:	CRETARY
2. The nam	e and the Florida street add	iress o	of the registered agent and office are:	PH 1: 35 OF STATE E. FLORIDI
	Corporation Service	ce Co	mpany	
			(Name)	•
	1201 Hays Street			
	Florida Stre	et Addr	ress (P.O. Box NOT ACCEPTABLE)	-
	Tallahassee		FL 32301	
			City/State/Zip	-
liability com agent and a relating to the obligations	npany at the place designate gree to act in this capacity. he proper and complete per	ed in th I furth formai	o accept service of process for the above so his certificate, I hereby accept the appointment ther agree to comply with the provisions of nce of my duties, and I am familiar with an as provided for in Chapter 608, Florida S	nent as registered all statutes nd accept the
		00.00 25.00	Filing Fee for Application Designation of Registered Agent	

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



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

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

TRI VANTAGE, 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, 2008, 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 22nd day of October, 2008.

Elaine I. Marshall

Secretary of State