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SECRETARY OF STATE NO DIVISION OF CORPORATIONS

MAR - 6 2012 T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195
REFERENCE : 118054 4326501
AUTHORIZATION: Spellice Man
COST LIMIT : \$ 425.00
ORDER DATE: March 2, 2012
ORDER TIME : 9:32 AM
ORDER NO. : 118054-005
CUSTOMER NO: 4326501
FOREIGN FILINGS
NAME: LIFTONE LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Becky Peirce EXT# 2919

EXAMINER:

COVER LETTER

SUBJECT: 1		Name of Limited Liability Company
The enclosed *. Existence, and	Application by Foreign Limited L check are submitted to register the	hability Company for Authorization to Transact Business in Florida. Certificate of above referenced foreign limited liability company to transact business in Florida.
Please return al	correspondence concerning this	matter to the following:
	Margaret Weeks, Paralega	al
		Name of Person
	K&L Gates LLP	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	214:N. Tryon Street, 47th.	FÍDOT
		Address
	Charlotte, NC 28202	
		City/State and Zip Code
	margaret.weeks@klgates.	
	E-mail address	s: (to be used for future annual report notification)
For further info	imation concerning this matter, p	lease catti:
Marg	aret Weeks	at (704) 331-7523
	Name of Person	Arca Code & Daytimo Telephone Number
Divisi Regist P.O. B	ANG ADDRESS: on of Corporations ration Section. ox 6327 assec, FL:32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2651 Executive Center Circle Tallahassee, FL 32301

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECOSTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Linbility Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.")					
con	finame unavailable, enter alternate name adopted for the purpose of cusent of the managers or managing members adopting the alternate lonipany," "L.L.C." "LLC.")	transacting business in Florida and attach a copy of the writte name. The alternate name must include "Limited Liability			
2.	North Carolina 3 45	5-4550422			
((Jurisdiction under the law of which foreign limited hability company is organized)	(Fill number, if applicable)			
4	01/11/2012 5: P	erpetual			
•	(Date of Organization) (Duration: Year limited hability company will cease to nist or "perpetual")			
6.	(Date first transacted business in Florida,	if arion to registration			
	(See sections 608.501 & 608.502 F.S. to do	termine penulty liability)			
7.	9000 Statesville Road				
ı	Charlotte, NC: 28269				
	(Street Address, of Pri	nopal Office)			
8,	If limited liability company is a manager-managed com	pany, check here 🔀			
9.	The name and usual business addresses of the managing members or managers are as follows:				
	Robert Russell, Manager, 9000 Statesville Road, Char	lotte, NC 28269			
	Carolina Tractor & Equipment Company, Manager, 90	000 Statesville Road, Charlotte, NC 23269			
lk:	O. Attached is an original certificate of existence, no more than 90 days or eightistiction under the law of which it is organized. (A photocopy is no analation of the certificate under eath of the translator must be submitted.	kacceptable. If the certificate is in a foreign language, a			
ï1.	1. Nature of business or purposes to be conducted or pro-	moted in Florida: Repair, sale and			
	distribution of lift trucks and other material handling eq	**			
	ALMAN				
	Signature of a member or an authori	zed representative of a member.			
	(In accordance with section 608,408(3), F.S., the execution of	of this document constitutes an affirmation under the .			
	penalties of perjury that the facts stated herein are tree. I as	n aveac that any false information submitted in a 💎 🔼			

Robert Russell, CFO, Carolina Tractor & Equipment Co, Member

document to the Department of State constitutes a third degree relong as provided for in \$.817.155, F.S.)

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 Linb	ility Company is:				
LiftOne LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida stre	et address of the registered agent and office are:				
Corporation Serv	ice Company				
	(Name)				
1201 Hays Street					
Florid	la Street Address (P.O. Box <u>NOT ACCEPTABLE)</u>				
Tallahässee	FL 32301				
	City/State/Zip				

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.

Corporation Service Company

Becky Peirce

moration Scrivice Company Becky Peirce

. Asst. Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

DIVISION OF COMPONICIONS

17 HAR -5 AM 9: 36



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

LIFTONE 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 January, 2012, 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.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of March, 2012.

Elaine I. Marshall

Secretary of State

Certification# 92424668-1 Reference# 10889416- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification