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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

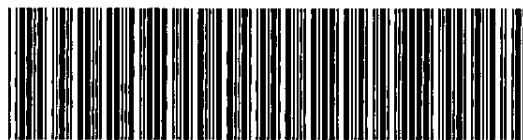
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
12 JUN 21 AM 9:02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2012

SCOTT A. COLLINS  
COLLINS STRUCTURAL CONSULTING, PLLC  
P.O. BOX 539  
CREEDMOOR, NC 27522

SUBJECT: COLLINS STRUCTURAL CONSULTING, PLLC  
Ref. Number: W12000031116

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DIVISION OF CORPORATIONS  
12 JUN 21 AM 9:52

We have received your document for COLLINS STRUCTURAL CONSULTING, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In addition to the application, you must submit a Certificate of Existence from the North Carolina Secretary of State's office. The certificate must be dated within the past 90 days. An example of this certificate is enclosed.

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 912A00016127

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Collins Structural Consulting, PLLC  
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:

Scott A. Collins

Name of Person

Collins Structural Consulting, PLLC

Firm/Company

602 N. Durham Ave. Suite C PO Box 539

Address

Creedmoor, NC 27522

City/State and Zip Code

scollins@collinsstructural.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED  
STATE  
SECRETARY OF CORPORATIONS  
12 PM 21 AM 94 02

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

**1. Collins Structural Consulting, PLLC**

(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. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 264631539  
(FEI number, if applicable)

4. April 13, 2009  
(Date of Organization)

5. December 31, 2099  
(Duration: Year limited liability company will cease exist or "perpetual")

6. NA

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 602 N. Durham Ave. Suite C PO Box 539 Creedmoor, NC 27522

(Street Address of Principal Office)

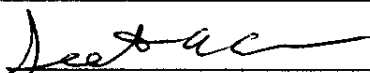
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Scott Collins - 602 N. Durham Ave. Suite C PO Box 539 Creedmoor, NC 27522

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: Structural Engineering



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Scott A. Collins

Typed or printed name of signee

FILED STATE  
SECRETARY OF CORPORATIONS  
12 JUN 21 AM 9:02

**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:

Collins Structural Consulting, PLLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

515 East Park Ave.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee,

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.*

**NRAI SERVICES, INC.**

  
(Signature)

**Jessica Metzger, Assistant Secretary**

\$ 100.00	Filing Fee for Application
\$ 25.00	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 (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **COLLINS STRUCTURAL CONSULTING, PLLC**

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 6th day of April, 2009, with a period of duration ending 12/31/2099.

I FURTHER certify that the said professional limited liability company's articles of formation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said professional limited liability company is not suspended for failure to comply with the provisions of any North Carolina Licensing Board; and that the said professional limited liability company has not filed articles of dissolution as of the 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 12th day of June, 2012.

*Elaine F. Marshall*

Secretary of State