(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)				
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(Business Entity Name) (Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
FEB 1 4 2013				
L. SELLERS				
1. 10-11-00				

Office Use Only



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CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Aria Designs,	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:

M.Hunt Broyhill		
Name of Person		
Aria Designs, LLC		
Firm/Company		
P.O. Box 500		
Address		
Lenoir, NC 28645		
City/State and Zip Code		
jeff@broyhillasset.com		
E-mail address: (to be used for future annual report notification)		
mation concoming this matter places calls		

For further information concerning this matter, please call:

M. Hu	unt B	royhil	
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₇828 \

758-8919

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



January 24, 2013

M. HUNT BROYHILL P.O. BOX 500 LENOIR, NC 28645

SUBJECT: ARIA DESIGNS, LLC Ref. Number: W13000004890

We have received your document for ARIA DESIGNS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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.

Letter Number: 413A00001874

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	ESTATE OF FLORIDA:
1. Aria Designs, LLC	
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
₂ North Carolina 3	45-3772966
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. November 2011	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 8. 800 Golfview P.	ark
Lenoir NC 28	6 Principal Office)
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the mana	iging members or managers are as follows:
M. Hunt Broyhill Member/Manager	Boyd C. Wilson, Jr. CFO/Manager
P.O. Box 500	P.O. Box 500
Lenoir, NC 28645	Lenoir, NC 28645
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be substituted.) 11. Nature of business or purposes to be conducted or	mitted.)
/// blunt /	aght /
	borized representative of a member. ution of this document constitutes an affirmation under the
	Lam aware that any false information submitted in a

Typed or printed name of signee

M. Hunt Broyhill

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

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 Co	ompany is:
-----------------------------------------	------------

Aria Designs, LLC

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:

Michael	G.	Landry
---------	----	--------

(Name)

2501 Barcelona Drive

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

Fort Lauderdale

_{a.} 33301-1558

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.

(Signature)

\$ 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 (Limited Liability Company)

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

ARIA DESIGNS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of November, 2011, 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 4th day of January, 2013.

Elaire I. Marshall

Secretary of State

Certification# 93465468-1 Reference# 11272954- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification