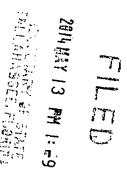
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(Requestor's Name)
(Address)
( and the second
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======================================
Certified Copies Certificates of Status
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Surrect. Sally Mae's, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin	
Please return all correspondence concerning this matter to the following:	
Karen Radcliff	
Name of Person	
Sally Mae's, LLC	
Firm/Company	
P. O. Box 29	
Address	
Glendale Springs, NC 28629	2014 13
City/State and Zip Code	
sme9069@gmail.com	w j
E-mail address: (to be used for future annual report notification)	3 7
For further information concerning this matter, please call:	and the same of th
Karen Radcliff 336 977-9056	<b>7</b> .
Name of Contact 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:  \$\Bigsigmu\$\$ \$125.00 \text{ Filing Fee} \Bigsigmu\$\$\$ \$\Bigsigmu\$\$\$ \$\Bigsigmu\$\$\$ \$155.00 \text{ Filing Fee} & \Bigsigmu\$\$\$ \$	rtificate
Certificate of Status Certified Conv of Status & Certified (	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Sally Mae's, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Ashe Courty, North Carolina 3. 30-0413049 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. <u>NIA</u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. SallyMae's, LLC
414 Trading Post Rd Gloudale Springs, N.C 28629
6. Sally Maes, LC
POBOX 29, Glendale Springs, NC 28629
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Karon Radcliff, Member, Cowner)
POBOX 29, Glendale Springs, NC 28629
J
8. 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)
- Karen Kadelyff
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
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.)
<u>Karen Radcliff</u>
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

١.	The	name	of the	Limited	Liability	Company	is:
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#### Sally Mae's, 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:

#### Robert E. Johnson, Esq.

(Name)

#### 401 E. Jackson Street, Suite 2700

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

Tampa 33602

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 605, Florida Statutes.

(Signatui

\$ 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

#### SALLY MAE'S, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of March, 2006, 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, 2014.

Elaine J. Marshall

Secretary of State