# MI4 000005258

(Re	equestor's Name)	
. (Ad	ldress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700262454677

07/21/14--01053---017 \*\*130.00

2計HJUL 24 湖 多 09 SECRETARY OF STATE

JUL 25 2014 T CLINE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2014

DUSTIN BALDWIN 15720 BRIXHAM HILL AVE, SUITE 300 CHARLOTTE, NC 28277

SUBJECT: U.S. CORRECTIONS LLC

Ref. Number: W14000044823

We have received your document for U.S. CORRECTIONS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 814A00015671

#### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: U.S. Corrections 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:	
Dustin Baldwin	
Name of Person	
U.S. Corrections LLC	
Firm/Company	
15720 Brixham Hill Ave. Suite 300	,, ,,,
Address P	Ļ
Charlotte, NC 28277 및 기계	
Charlotte, NC 28277  City/State and Zip Code  info@uscorrections.org	١.
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Dustin Baldwin at 704 705-1425	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \( \text{Precision} \) \$\\$130.00\$ Filing Fee \( \text{Certificate} \) Certificate of Status  \$\Bigsiz\$ \$\Bigsiz\$ \$\\$155.00\$ Filing Fee \( \text{Certified Copy} \) \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ Certified Copy	

### 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:

J. U.S. Corrections LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	ted Liability Company," "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C," or "LLC.")	
2 North Carolina 3 36	-4776432
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
<sub>4</sub> 04/01/2014	
(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to d	
5. 14 NE First Avenue, 2nd floor	22
Miami, FL 33132	32 % Em. 13 12 mg   12
(Street Address of Princi	pal Office)
6. 14 NE First Avenue, 2nd floor	<u> </u>
Miami, FL 33132	
(Mailing Addre	ss)
7. The name, title or capacity and address of the person(s) v	who has/have authority to manage is/are:
Dustin Baldwin/Assistant Director	, 5
Ductin Dalawiin toolotant Birotton	
8. Attached is an original certificate of existence, no more th having custody of records in the jurisdiction under the law of acceptable. If the certificate is in a foreign language, a translamust be submitted)	f which it is organized. (A photocopy is not
Justis	
Signature of an author (In accordance with section 605.0203, F.S., the execution of this document constitutes an am aware that any false information submitted in a document to the Department of State c	affirmation under the penalties of perjury that the facts stated herein are true
Dustin Baldwin	

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.

1. The name of the Limited Liability Company is: US Corrections LLC				
e, the alternate to be used in the state of Florida is:				
and the Florida street address of the registered agent and office are:	3	(1.00) (1.00) (1.00) (1.00)	2314、	
NRAI SERVICES, INC.	77	名が	25 IL JUL 24	
(Name)	***************************************	25 25 25	•	
1200 SOUTH PINE ISLAND ROAD		Fig.	<u>∓</u>	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			<b>9</b> 0	
PLANTATION FI 33324				
City/State/Zip				
	rections LLC  e, the alternate to be used in the state of Florida is:  e and the Florida street address of the registered agent and office are:  NRAI SERVICES, INC.  (Name)  1200 SOUTH PINE ISLAND ROAD  Florida Street Address (P.O. Box NOT ACCEPTABLE)  PLANTATION  33324	rections LLC  e, the alternate to be used in the state of Florida is:  and the Florida street address of the registered agent and office are:  NRAI SERVICES, INC.  (Name)  1200 SOUTH PINE ISLAND ROAD  Florida Street Address (P.O. Box NOT ACCEPTABLE)  PLANTATION  FI. 33324	e, the alternate to be used in the state of Florida is:  and the Florida street address of the registered agent and office are:  NRAI SERVICES, INC.  (Name)  1200 SOUTH PINE ISLAND ROAD  Florida Street Address (P.O. Box NOT ACCEPTABLE)  PLANTATION  33324	

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.

Kinbury Steinmitz	Kimberly Steinmetz, VP & Assistant Secretary NRAI Services, Inc.
(S	lignature)

\$ 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

#### US CORRECTIONS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 9th day of January, 2014, 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 8th day of July, 2014.

Elaine A. Marshall
Secretary of State

Certification# 95767350-1 Reference# 12113422- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification