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	ACCOUNT NO.	: 120000000	195	
	REFERENCE	: 310463	7796072	
	AUTHORIZATION		1	
	COST LIMIT	: \$\frac{1}{1}25.00	enan	
ORDER DATE :	September 23, 20	214		
ORDER TIME :	2:39 PM			
ORDER NO. :	310463-005			
CUSTOMER NO:	7796072			
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	FOREIGN F	LINGS		
NAME:	STAY SAFE SOL	UTIONS, LLC	CARL AHAS	2014 SEP 23
XXXX QUALIFI	CATION (TYPE: <u>L</u>	L)	SEE FLOR	99
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:	59
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	ANDING		
CONTACT PERSO	N: Courtney Will	iams EXT# 6	52935	
		EXAMINER: _		

#### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT: Stay Safe Son	NOTIONS LLC ne of Limited Liability Company			
		bility Company for Authorization to Transact Business in Falbove referenced foreign limited liability company to transa			
Please	eturn all correspondence concerning this m Make Budd	atter to the following:			
	Pike Enterpris	Name of Person			
	Pike Enterpris	Firm/Company	<b>-</b>		
	- Mount Kiry,	·	23	2014 SEP	
		City/State and Zip Code  Com  (to be used for future annual report notification)	West D	23 AM	Service of the servic
For furt	her information concerning this matter, plea	•	CORDS	9:59	The second of the
	Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Area Code Daytime Telephone Nur  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	nber		
Enclos	sed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate o	ng Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing		ate	

#### 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 REGISTED FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	R A
1. Stay Safe Solvtions, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
N/A	
(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. North Carolina (Jurisdiction under the law of which foreign limited liability)  3. (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4 WA	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	
100 Pike Way, Mount Airy, N.C. 27030 (Street Address of Principal Office)	3 4
(Street Address of Principal Office)	
- 6	
O all Mart A and a 7174	
Box 868, Mount Airy, NC 27031 (Mailing Address)	Line anie d
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Ken Flechler, President & Manager	
Audie G. Simmons, Manager	
100 Pike Way, Mount Airy, NC 27030	
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 translated must be submitted)  Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are 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.)  Typed or printed name of signee	or
Types of printed fished of signed	

### 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.

	the Limited Liability Company is:		
	stay Safe Solutions, LLC		
If unavailable, th	he alternate to be used in the state of Florida is:		
2. The name an	nd the Florida street address of the registered agent and office are:	2014 SEP	71
	Corporation Service Company	P 23	-
	(Name)	SEE	r.
	1201 Hays Street	<u>ن</u> ا	4 112
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- SAE 59	
	Tallahassee 32301 FL		
	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.

By: (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

## (Limited Liability Company)

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

#### STAY SAFE SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th 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 23rd day of September, 2014.

Elaine I. Marshall

Secretary of State

Certification# 95960686-1 Reference# 12184218- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification