# 18800000117

| (Requestor's Name)                      |   |  |  |  |  |
|---|---|--|--|--|--|
| (Address)                               |   |  |  |  |  |
| (Address)                               |   |  |  |  |  |
| (City/State/Zip/Phone #)                | - |  |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |  |
| (Business Entity Name)                  | - |  |  |  |  |
| (Document Number)                       |   |  |  |  |  |
| Certified Copies Certificates of Status | - |  |  |  |  |
| Special Instructions to Filing Officer: | ] |  |  |  |  |
| ,                                       |   |  |  |  |  |
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R. WHILE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 973783 7164036

AUTHORIZATION

COST LIMIT : / 125.00

ORDER DATE: January 27, 2016

ORDER TIME: 10:06 AM

ORDER NO. : 973783-160

CUSTOMER NO: 7164036

#### FOREIGN FILINGS

NAME: ALLIED TRADE GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

|                       |                          | tration Section<br>ion of Corporation   | s   |                     |   |   |                     |
|-----------------------|--------------------------|---|---|---------------------|---|---|---------------------|
| SUBJEC                |                          | Allied Trade Group,   | LLC   |                     |   |   |                     |
| 50000                 | _                        |   | Name of L   | Limited Liability ( | Company   | ,   |                     |
| The enclose Existence | losed '<br>e, and        | Application by Fore check are submitted   | eign Limited Liability Comp<br>I to register the above refere | any for Authoriza   | tion to Tra<br>ted liability                          | nsact Business in Florida," Certify<br>company to transact business in        | icate of<br>Florida |
| Please re             | eturn a                  | ll correspondence co  | oncerning this matter to the f                                | following:          |   |   |                     |
|                       |                          | Hannah Kim  |   |                     |   |   |                     |
|                       |                          | <del></del>   | Na  | me of Person        |   |   | in Florida          |
|                       |                          | Allied Trade Gr   | oup, LLC  |                     |   |   |                     |
|                       |                          |   | Fis   | m/Company           |   |   |                     |
|                       |                          | 1000 Lowe's Bl  | vd.   |                     |   |   |                     |
|                       | Address                  |   |   |                     |   |   |                     |
|                       |                          | Mooresville, NO   | C 28117   |                     |   |   |                     |
|                       |                          |   | City/St   | ate and Zip Code    | ····  |   |                     |
|                       |                          | incometax@lowe  | s.com   |                     |   |   |                     |
|                       |                          |   | E-mail address: (to be used                                   | for future annual   | report noti   | ification)  |                     |
| For furth             | er info                  | ormation concerning   | this matter, please call:                                     |                     |   |   |                     |
|                       | Hann                     | ah Kim  |   | 704<br>at (         | 758-100   | 00  |                     |
|                       |                          | Name of   | Contact Person  | Area Code           | Dayı  | time Telephone Number   |                     |
|                       | Divis<br>Regis<br>P.O. I | LING ADDRESS:<br>ion of Corporations<br>tration Section<br>Box 6327<br>nassee, FL 32314 |   |                     | Division of<br>Registrati<br>Clifton Bit<br>2661 Exec | ADDRESS: of Corporations on Section wilding cutive Center Circle ee, FL 32301 |                     |
|                       |                          | heck for the followi<br>25.00 Filing Fee  | ng amount: ☐ \$130.00 Filing Fee & Certificate of Status      | ☐ \$155.00 Filin    | ig Fee &  | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                 | ite                 |

# 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 RUSINESS: INTHE STATE OF FLORIDA:

| 1. Allied Trade Group, LI                                    | LC   |  |                                |
|--|--|--|--------------------------------|
| (Name of Fore  | eign Limited Liability Company; must include "   | Limited Liability Company," "L.L.C.," or "l  | LLC.")                         |
| (If name unavailable, enter a<br>Liability Company," "L.L.C, | Iternate name adopted for the purpose of transac" or "LLC.")   | ting business in Florida. The alternate name   | must include "Limited          |
| 2. Washington  | . 3.   |  |                                |
| (Jurisdiction under the law company is organized)            | of which foreign limited liability   | (FEI number, if applicable)  |                                |
| 4  | (Date first transacted business in Florid  | la, if prior to registration.)   | 7 ST 6                         |
|  | (See sections 605.0904 & 605.0905, F.S.  | to determine penalty liability)  | 星星                             |
| 5. 11410 NE 122nd Way  | Suite 200  |  | B 26                           |
| Kirkland, WA 98034   |  | •  | وسيد مراقبا                    |
|  | (Street Address of Principal O   | ffice)   |                                |
| 6. 1000 Lowe's Blvd.   |  |  | F. 5                           |
| Mooresville, NC 2811   | 7  |  | 智力 5                           |
|  | (Mailing Address)  |  | 7>                             |
| 7. Name and street addres                                    | ss of Florida registered agent: (P.O. Box N  | NOT acceptable)  |                                |
| Name:  | Corporation Service Company  |  |                                |
| Office Address:  | 1201 Hays Street   |  |                                |
| G.1.100 1.100.100.00   | Tallahassee  | F1 (4 - 32301  |                                |
|  | (City)   | , Florida 32301 (Zip code)   |                                |
| Registered agent's accep                                     | • • •  | (=-F)  |                                |
| designated in this applica                                   | gistered agent and to accept service of pro<br>tion, I hereby accept the appointment as r<br>ons of all statutes relative to the proper an | egistered agent and agree to act in this   | capacity. I further agree      |
|  | my position as registered agent.<br>Corporation Service Company<br>By:   | / Meligge  | 71                             |
|  | (Registered agent  | Asst. Vice I   | President                      |
| 9 The name title or can                                      | acity and address of the person(s) who has/l   |  |                                |
| See Exhibit A  | actly and address of the person(s) who has t   | mayo and the manage is a set   |                                |
|  |  |  |                                |
|  |  |  |                                |
|  |  |  |                                |
|  | e of existence, no more than 90 days old, du<br>of which it is organized. (If the certificate i<br>ubmitted)                               |  |                                |
|  |  |  |                                |
|  | Signature of an author   | orized person  |                                |
| This document is executed submitted in a document to         | d in accordance with section 605.0203 (I) (I<br>to the Department of State constitutes a third   | b), Florida Statutes. I am aware that any<br>I degree felony as provided for in s.817. | false information<br>155, F.S. |
|  | Hannah H. Kim  |  |                                |

Typed or printed name of signee

## Exhibit A

## Allied Trade Group, LLC

#### Managers

| Robert F. Hull, Jr.   | Marshall A. Croom      |
|-----------------------|------------------------|
| 1000 Lowe's Blvd.     | 1000 Lowe's Blvd.      |
| Mooresville, NC 28117 | Mooresville, NC 28117  |
| Ross W. McCanless     | Richard D. Maltsbarger |
| 1000 Lowe's Blvd.     | 1000 Lowe's Blvd.      |
| Mooresville, NC 28117 | Mooresville, NC 28117  |



I. KIM WYMAN, Secretary of State of the State of Washington and custodian of its scal, hereby issue this

# CERTIFICATE OF EXISTENCE OF ALLIED TRADE GROUP, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 7/14/1999.

> I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: February 16, 2016

UBI: 601-967-468

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

SARRY A

Kim Wyman, Secretary of State

