

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
POWER DELIVERY ALLIANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: POWER DELIVERY ALLIANCE, 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:

STEPHANIE C. CROSBY

Name of Person

WARD AND SMITH, P.A.

Firm/Company

POST OFFICE BOX 867

Address

NEW BERN, NC 28563-0867

City/State and Zip Code

SCC@WARDANDSMITH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE CROSBY

at ( 252 )

672-5436

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:

☐ \$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

**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. **POWER DELIVERY ALLIANCE, 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. **NORTH CAROLINA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **45-3849969**

(FBI number, if applicable)

4. **UPON FILING**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1070-1 TUNNEL ROAD, SUITE 10-291**

**ASHEVILLE, NC 28805**

(Street Address of Principal Office)

6. **1070-1 TUNNEL ROAD, SUITE 10-291**

**ASHEVILLE, NC 28805**

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **NRAI SERVICES, INC.**

Office Address: **1200 SOUTH PINE ISLAND ROAD**

**PLANTATION**

(City)

, Florida **33324**

(Zip code)

Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Michele Holden, Michele Holden, Asst. Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**J. GREGORY FOX, MANAGER**

**1070-1 TUNNEL ROAD, SUITE 10-291**

**ASHEVILLE, NC 28805**

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

J. Gregory Fox  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

**J. GREGORY FOX, MANAGER**

Typed or printed name of signee

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# 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

#### POWER DELIVERY ALLIANCE, LLC

is a limited liability company duly formed under the laws of the State of North  
Carolina, having been formed on the 19th day of February, 2016, 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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed my official seal at the City  
of Raleigh, this 11th day of March, 2016.

*Elaine F. Marshall*

Secretary of State