MIL 0 00002759

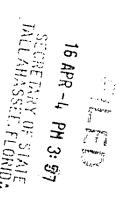
, (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W/6-	13438	×

Office Use Only



200282365432

02/22/16--01012--021 **125.00



COVER LETTER

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of

Registration Section
Division of Corporations

Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo	rida
Please return all correspondence concerning this matter to the following:	
Benjanin F. Loranger Name of Person	
Dragarly Inport Co LLC DBA Back Alley Import Co LLC	
100 Saint, George ST. UNITC Saint Address	
50 int Augustine FL 32084	
dragovelly in fort 2 @ Gnail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Benjamin Loranger at (252) 725-4891 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: Status Certificate Status Certified Copy Status & Certified Copy	



March 9, 2016

BENJAMIN F. LORANGER 100 SAINT GEORGE ST., UNTI C ST. AUGUSTINE, FL 32084

SUBJECT: DRAGONFLY IMPORT COMPANY, LLC

Ref. Number: W16000013438

We have received your document for DRAGONFLY IMPORT COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

The print-outs submitted are not acceptable. Please contact the North Carolina Department of the Secretary of State for instructions on how to obtain a certificate of existence or status for your limited liability company.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 716A00004836



February 23, 2016

BENJAMIN F. LORANGER 100 SAINT GEORGE ST., UNTI C ST. AUGUSTINE, FL 32084

SUBJECT: DRAGONFLY IMPORT COMPANY, LLC

Ref. Number: W16000013438

We have received your document for DRAGONFLY IMPORT COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 remove any reference to the "DBA" from the document. The fictitious name registration is a separate filing and cannot be included in the qualification. That being said, once the LLC is qualified, you will need to cancel and reregister the fictitious name registration to list the qualified LLC as the owner which will allow it to do business as the different name. Please feel free to contact me with any questions regarding the fictitious name registration.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 016A00003755

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

1. Drag willy Import (Manne of Foreign Linited Liability, Company, "mast include "Limited Liability Company," "L.L.C.," or "L.C.") (If name unavailable, enter alternate name adopted for the furpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.C.") (Our first insuranced business in Florida, If prior to regularization.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 100 Saint Gard 92 ST Unit C Saint Augustive FL Saint Augustive Florida Teplistered agent (P.O. Box Niii acceptable) Name: Busin Augustive Florida Teplistered agent Augustive Florida Teplistered agent and agree to act in this capacity. I further agree to complywish the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent's signature) 8. The name, title or capacity and address of the person(s) who bashave authority to manage isfare: Benjamin Florida Saince Florida Saince, no inore 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 in accordance with section 605.0203 (1) (b), Florida Satutues. 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.	IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A COMPANY TO TRANSACT BURINESS IN THE STATE OF FLORIDA:	FOREIGN LIMITED LIABILIT
North Carolisa (Junistation under the law of which foreign limited liability (PEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability) 5. [OO Saint Grog & ST VNIT (Street Address of Principal Office) 5. [And Florida Florida registered agent of the principal Office) 5. [And Florida Florida registered agent: (P.O. Box Not Laceptable) Name: Benjamin Florida, Florida Florida registered agent (P.O. Box Not Laceptable) Name: Benjamin Florida Statutes. I am aware that any false information Florida Gaussian Florida Statutes. I am aware that any false information Florida Gaussian Florida Statutes. I am aware that any false information Florida Gaussian Florida Statutes. I am aware that any false information Florida Gaussian Florida Statutes. I am aware that any false information Florida Gaussian Florida Statutes. I am aware that any false information Florida Gaussian Florida Statutes. I am aware that any false information Florida Florida Statutes. I am aware that any false information Florida Florida Statutes. I am aware that any false information Florida Florida Statutes. I am aware that any false information Florida Florida Florida Statutes. I am aware that any false information Florida Florid	1. Dragowty Import Company LLC (Name of Foreign Limited Liability, Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. [CO Saint Graf ST Unit C Saint Graf St. Colored St.	Liability Company," "L.L.C," or "LLC,")	ne must include "Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. [CO Saint Graf ST Unit C Saint Graf St. Colored St.	2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable	73
5. LOO Sain Groge ST Unit C Saint Argustive FL 32084 6. 249 Pizarro Pd (Mailing Address) Name: Benjamin Floranger Office Address: 249 Pizarro Pd Saint Argustime (P.O. Box Nitl acceptable) Name: Benjamin Floranger Office Address: 249 Pizarro Pd Saint Argustime (City) 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the abligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Floranger (Nembers/MGR/Gunner) 249 Pizarro Pd Saint Augustive of an suthorized person 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) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	4. 01 - 01 - 00 6	-
6. 249 12arro Rd Saint Augustine 32.080 Name: Benjamin Floranger Office Address of Florida registered agent: (P.O. Box Next acceptable) Name: Benjamin Floranger Office Address: 249 Pizarro Rd Saint Augustime , Florida 32.080 (City) 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position are registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Floranger (Megistered agent) 149 Pizarro Rd 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) 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		_
Name: Benjamin Floranger Political agents agent (P.O. Box Nite acceptable)	(Street Address of Principal Office)	1 1 2
Name: Benjamin Floranger. Office Address: 249 Pizarro Pd Saint Augstim Florida 52080 (City) 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Floranger (Registered agent's signature) 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) 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		PR -
Name: Benjamin Florager Office Address: 249 fizered Red Saint Avantim (City) 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Florager (Member)/MGR/Guner) 249 fizerro for 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) 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	(Mailing Address)	
Office Address: 149 Pizarro Policy Poli		73 '
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Registered agent's signature 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Real forming the properties of the person of the 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) Registered agent's 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	Name: Benjanin Floranger	3
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Floranger (Merchy) Type Floranger (Merchy) Type Floranger (Merchy) Scrint August in Elementary (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	^ ^ 1	
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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Floranger (Member/MGR/Gwwer) 249 Firener La 2080 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) Figural Language. 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	Office Address: 249 Pizarro Rd	• *
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Floranger (member/MGR/Gwwar) 249 Pizarro Rol Saint Augustine FL 3 2080 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) 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	Office Address: 249 Pizarro Rd Saint Augstin , Florida 32080	
Benjamin Floranger (member/MGR/Gwwer) 249 Pizarro Rd 5011 T Augustine FL 3 2060 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) 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	Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabil designated in this application, I hereby accept the appointment as registered agent and agree to act in the to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent.	is capacity. I further agree
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) 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	Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabidesignated in this application, I hereby accept the appointment as registered agent and agree to act in the to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent. Provide:	is capacity. I further agree
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) 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	Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabile designated in this application, I hereby accept the appointment as registered agent and agree to act in the to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Registered agent's manage Manager Manager	is capacity. I further agree
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 fellow as provided for in \$ 817.155. F.S.	Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabil designated in this application, I hereby accept the appointment as registered agent and agree to act in the to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent. Registered agent's signature	is capacity. I further agree
	Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabidesignated in this application, I hereby accept the appointment as registered agent and agree to act in the to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the abligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Benjamin Florida Gip code) Registered agent and agree to act in the to complywith the provisions of my duties accept the abligations of my position as registered agent. Registered agent and agree to act in the to complywith the provisions of agent. Registered agent as registered agent and agree to act in the to complywith the provisions of agent and complete performance of my duties accept the abligations of my position as registered agent. Registered agent's signature to manage is/arc: Registered agent and to accept service of process for the above stated limited liabides in this application to agent and agree to act in the to complywith the provisions of my duties accept the appointment as registered agent and agree to act in the to complywith the provisions of my duties accept agent and agree to act in the to complywith the provisions of my position as registered agent. Registered agent's signature agent and agree to act in the to comply with the provisions of my position as registered agent and agree to act in the to comply with the provisions of the provisions of my position as registered agent. Registered agent and address of the appointment as registered agent and agree to act in the to comply with the provisions of my position as registered agent.	is capacity. I further agrees, and I am familiar with an



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

DRAGONFLY IMPORT COMPANY, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 27th day of April, 2006, with its period of duration being 01/01/2010.

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 4th day of April, 2016.

6 laine I. Marshall

Secretary of State

Certification# 98387403-1 Reference# 13056269- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification