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TO:

Registration Section

Div	ision of Corporation	IS						
SUBJECT:	Cobia Point Partner	s, LLC						
SOBSECT.		Name of Limited Liability Company					-	
		eign Limited Liability Comp d to register the above refer						
Please return	all correspondence of	oncerning this matter to the	following:					
	John S. Salisbu	гу						
	Name of Person						-	
	Cobia Point Pa	rtners, LLC						
Firm/Company						-		
	1601 Bent Road	i						-
	Address				芸芸	2		
	Wake Forest, N	C 27587				TAKE 1000		
	City/State and Zip Code				S. S.	r On	Maria de la compansión de	
	ncjohn1601@gm	ail.com					75.	
		E-mail address: (to be used	l for future annual	report not	tification)	3	The second	THE STATE OF
For further in	formation concerning	g this matter, please call:				•	C)	
Joh	n S. Salisbury		919 at (801-33	81			
	Name o	f Contact Person	Area Code	Day	time Telephone l	Number	•	
Div Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding sective Center Circles, FL 32301	rele		
	check for the follow 125.00 Filing Fee	ing amount: \$\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mtx}\mt}\mtx\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□ \$155.00 Filin Certified Copy	_	□ \$160.00 Fili of Status & Ce			e

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cobia Point Partners, L	JULIO PROMIDA. J.L.C							
(Name of Fore	eign Limited Liability Company; must	t include "L	imited Liabili	ity Company," "L.L.C	C.," or "LLC.'	")		
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose " or "LLC.")	of transacti	ng business i	n Florida. The alterna	ate name must	include "	Limited	
2. North Carolina		3. 26-3	3891189					
company is organized)	of which foreign limited liability			(FEI number, if appli	icable)			
4. <u>N/A</u>								
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida. 0905, F.S. to	, if prior to re determine p	gistration.) enalty liability)				
5. 1601 Bent Road								
Wake Forest, NC 2758								
	(Street Address of P	rincipal Offi	ice)					
6								
Wake Forest, NC 2758	87							
	(Mailing A	ddress)						
7. Name and street addres	s of Florida registered agent: (P.C	O. Box <u>NC</u>	OT acceptab	le)		2615		
Name:	John S. Salisbury				1	12224 52224		
Office Address:	1515 Sombrero Blvd., Unit A-3					ch ch		li .
	Marathon			Florida 33050		<u> </u>	1 1	•
	(City)		·	(Zip cod	ie)			
designated in this applicate to complywith the provision to the complywith the provision to the complete the	gistered agent and to accept servition, I hereby accept the appointment ons of all statutes relative to the property position as registered agent	ment as reg	gistered age complete for	nt and agree to act	in this capa	city. I fi	urther ag	ree
n 751 - 411 - 4		-		,				
1 /	icity and address of the person(s)			to manage is/are:	_			
John S. Salisbury, managi	ng member, 1601 Bent Road, Wa	ke Forest,	NC 2/58/	<u></u>				
Debra Ray Salisbury, men	nber, 1601 Bent Road, Wake Fore	est, NC 27	587					
						_		
 				·				
 Attached is a certificate jurisdiction under the law of the translator must be su 	John 1	rtificate is	in a foreign	ed by the official ha	aving custod tion of the ce	y of reco	rds in the under oa	: th
	in accordance with section 605.02		, Florida Sta				ion	
submitted in a document to	the Department of State constitut	es a third d	legree felony	as provided for in	s.817.155, F	r.s.		

Typed or printed name of signee

7 _



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

COBIA POINT PARTNERS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of December, 2008, 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 27th day of June, 2016.

Elaine J. Marshall

Secretary of State

Certification# 98935843-1 Reference# 13257156- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification