

M16000006087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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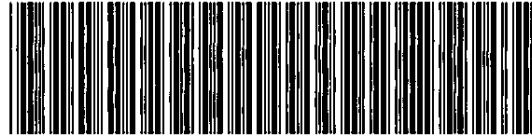
(Business Entity Name)

(Document Number)

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AUG 01 2016

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lumbec Tribe Enterprises, LLC.    LTE,ILLC.  
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:

Carl Owens

Name of Person

Lumbec Tribe Enterprises, LLC

Firm/Company

1014 Main St

Address

Chipley, FL 32428

City/State and Zip Code

ron.oxendine@ltellc.com

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

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For further information concerning this matter, please call:

Carl Owens	850	527-2261
at ( )		
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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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. Lumbee Tribe Enterprises, LLC. LTE, 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 3. 45-2734911  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 707 Union Chapel Rd, Bldg 2, Suite 1-2, Pembroke, NC 28372  
(Street Address of Principal Office)

6. -Same-  
(Mailing Address)

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

Name: Amanda O Peel  
Office Address: 10414 Main St.  
Chipley, FL, Florida 32428  
(City) (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.*

Amanda O. Peel  
(Registered agent's signature)

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

Ron Oxendine 125 Woodstream Blvd, Suite 205, Stafford, VA 22556

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)

Ron Oxendine  
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.

Ron Oxendine  
Typed or printed name of signer

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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

#### LUMBEE TRIBE ENTERPRISES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 13th day of May, 2011, 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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IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed my official seal at the City  
of Raleigh, this 29th day of April, 2016.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.