1/16000009936

| (Re | equestor's Name) | | | | |
|-------------------------|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



500292673535

K. SALY DEC 12 2016 CORPORATION SERVICE COMPANY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|---|
| REFERENCE : 397691 8001188 |
| AUTHORIZATION: Spelle le man |
| COST LIMIT : \$ 125'.00 |
| ORDER DATE : December 8, 2016 |
| ORDER TIME : 10:09 AM |
| ORDER NO. : 397691-005 |
| CUSTOMER NO: 8001188 |
| |
| FOREIGN FILINGS |
| |
| NAME: COCOA RETAIL, LLC |
| |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY |

EXAMINER:

COVER LETTER

| то: | | tion Section of Corporation: | s | | | | |
|--|---------------|---|---|------------------------------------|-------------|--|--|
| SUBJE | | oa Retail, LLC | | | | | |
| | | | Name of L | imited Liability (| Company | | |
| | | | eign Limited Liability Compa I to register the above referen | | | | |
| Please | return all co | orrespondence co | oncerning this matter to the f | ollowing: | | | |
| | | Kristy Foster | | | | | |
| | • | | Na | me of Person | | | |
| | | Troutman Sanders LLP | | | | | |
| | • | | Fir | m/Company | | | |
| | | 301 S. College S | Street, Suite 3400 | | | | |
| | ` | Address | | | | | |
| | | Charlotte, NC 28202 | | | | | |
| | , | City/State and Zip Code | | | | | |
| | si | hasta@rcollett.co | | | | | |
| | _ | | E-mail address: (to be used | for future annual | report noti | fication) | |
| For fur | ther inform | ation concerning | this matter, please call: | | | | |
| | Shasta M | 1onn | | 828 at (| 430-867 | | |
| | | Name of | Contact Person | Area Code | Dayı | time 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 | | | | | |
| Enclose | | k for the followi 00 Filing Fee | ng amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ig Fee & | □ \$160.00 Filing Fee, Cer 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;

| Cocoa Retail, LLC | | | | | |
|--|---|------------------------|--------------------|---------------------------|---|
| (Name of For | eign Limited Liability Company; n | nust includ | e "Limited Liab | ility Company," "L.L.C | .," or "LLC.") |
| (If name unavailable, enter a Liability Company," "L.L.C, | Itemate name adopted for the purp | ose of trans | sacting busines | s in Florida. The alterna | te name must include "Limited |
| _{2.} North Carolina | | 3 | 81-4631272 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | J | | (FEI number, if appli | cable) |
| 4 | (Date first transacted busi | iness in Flo | orida, if prior to | registration.) | |
| | (See sections 605.0904 & 60 | 05.0905, F. | .S. to determine | penalty liability) | |
| 5. 1111 Metropolitan Av | enue, Suite 700 | | | | B |
| Charlotte, NC 28236 | | cb : | 1000 | | |
| 1111 B4-4 | (Street Address of | of Principal | (Uttice) | | 通りて |
| 6. 1111 Metropolitan Ave | enue, Suite 700 | | | | \$\frac{1}{2}\text{3} \text{ \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex |
| Charlotte, NC 28236 | | | | | The Table |
| | (Mailin | g Address) |) | | |
| 7. Name and street addre | ss of Florida registered agent: (| (P.O. Box | NOT accept | able) | ORIGINAL OF |
| Name: | Corporation Service Compan | ıy | | - | <u> </u> |
| Office Address: | 1201 Hays Street | | | - | |
| | Tallahassee | | | , Florida <u>32301</u> | |
| | (City) | | | (Zip cod | le) |
| designated in this applicate to complywith the provision | egistered agent and to accept sation, I hereby accept the appoisions of all statutes relative to the my position as registered agen Corporation Service Comp. | intment a he proper | s registered a | gent and agree to act | I liability company at the place in this capacity. I further agree duties, and I am familiar with an Melissa Zender |
| | By: | rictored and | of consture) | | Asst. Vice President |
| | (Keg | istered age | en s signature) | | risst. vice riesideiii |
| 8. The name, title or cap | acity and address of the person | (s) who ha | s/have author | ity to manage is/are: | |
| Robert C. Collett, Manag | er, 118-C W. Union Street Moi | rganton, N | √C 28655 | | |
| Robert D. Stearns, Trusto | e of the Robert Stearns Revoca | ıble Trust, | , dated May 1 | 7, 2000, Manager, 230 |)1 West |
| I-44 Service Road, Suite | 100 Oklahoma City, OK 7311 | 2 | | | |
| | | certificat | te is in a foreig | ரு language, a translat | tion of the certificate under oath |
| | d in accordance with section 60 o the Department of State const | 5.0203 (1) |) (b), Florida S | Statutes. I am aware th | nat any false information |
| | Kristy Foster | | | | |

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

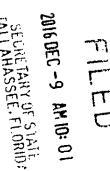
(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

COCOA RETAIL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 6th day of December, 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.







Scan to verify online.

Certification# 99477495-1 Reference# 13437813- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2016.

Elaine I. Marshall

Secretary of State