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To:

Division of Corporations

Fax Number

: (859)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MA ( O CHIVETEMY ICENSE COM

ALANDESSET FLORIDA

# Foreign Limited Liability Company COUNTRYTYME HOMES LLC

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To:

Fax: (850) 617-6383

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### COVER LETTER

TO:		tion Section of Corporation	ns						
SUBJI		UNTRYTYME							
			Name of I	Limited Liability (	Company				
The en Exister	iclosed "Ap	plication by For	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limit	tion to Traited liability	nsact Business in Florida," Certificate o company to transact business in Florid			
Please	return all c	orrespondence o	concerning this matter to the	following:					
		JESSICA BRO	WNING						
		Name of Person							
		CONTRACTO	RS REPORTING SERVICE	, INC					
			Firm/Company U  3795 N NEBRASKA AVE						
		13795 N NEBI							
		Address							
		TAMPA, FL3	CAMPA, FL 33613						
			City/S	City/State and Zip Code					
	i	nto@activatemy	/license.com						
	_		E-mail address: (to be used	for future annual	report noti	fication)			
For fu	rther inform	nation concernin	g this matter, please call:						
	JESSIC.	A BROWNING		at ( <u>813</u>	932-5	24 <b>4</b>			
	<del></del>	Name o	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 Tallahassec, FL 32301							
Enclos		ck for the follow 00 Filing Fee	ving amount:  \$\Boxed{1} \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy		□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

From: Jessica Browning Fax. (813) 802-5244

"To:' Received by:CTH LLC

To:

Fax: (338) \$41-3858

Page 1 of 1 04/20/2017 10:15 AM

APPLICATION BY IC	DREIGN LIMITED LIABILITY	E COMPANY FOI EN PLORIDA		n to transact business 0108460 3)))
	TION GOSUKQ, FLORIDA STATUTES ISINFOS INTO EE STATE OM TIL ORIDA!		SUMMITED TO PECIS	IERA FOREIGN LIMITED LIABILITY
1	Carot	CUTume.	HAMRS.	UC
(Name of Porc	ein Limited Liability Company; mus	tincluile Limited Li	ability Company, L.I.	C, or TLC.")
		·		
(Maisme unavailable, enter al Liability Company, "LLAC,"	terrate name adopted for the purpose of *LEC.*)	of transacting busine	es in Florids. The sherry	ate name must include "Limited
, NORTH CAROLINA		2	56-2	1495/03
	of which foreign limited liability	3. <u></u>	56-2 (FE) number, (fappl	icable)
4,	70.5.2.2.	er to Maulde . Caulan		_ <del></del>
	(Date first transacted busines (See accions 605 0918) & 605.	1905, P.S. In determine	ne penalty liability;	
5 178 IRIS LANIC				
ADVANCE	NC	27006		
	(Street Address of P			
6. PO BOX 660		_		ريخ . دم
CLEMMONS	NO	27012		. 3
COENACIA	NC			·············
7. Name and <u>street addres</u>	ss of Florida registured agent: (P.)		nable)	, Q.
Name:	CONTRACTORS REPORTING	G SERVICES INC	<del>-</del> -	J.
Office Address:	13795 N NEBRASKA AVE			•
	ТАМРА		, Florida 33613	
	(City)		(Zip co	de)
Registered agent's amen				
	gisteral agent and to accept serv			l liability computy at the place tin this capacity. I fitther agree
to comply with the provision	ons of all stuttes relative to the			duties, and I am familiar with an
accept the obligations of ;	my position as registered agens.	0		
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	(K.espiste	ordlangik r inoga bor	)	
8. The name, title or care	acity and address of the person(s)	who has/have suthi	city to manage Gister	
DAVID L. BLACK; MOR		Trino fina i Coo mari	And an illimitable miles.	
			······································	<del></del>
PO Box 650 Clemmans	NC 23013			
v. Absented is a certificate jurisdiction under the law:	of existence, no more than 90 day of which it is organized. (If the ce	yx old, duly sutheam entificate is in a form	icated by the official lu issufaceupope a transfer	aving custody of records in the
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	Signaturo	of an authorized perso	Ori	<del>,</del>

This document is executed in accordance with section 605.0203 (1) (5), 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.

DAVID LEE BLACK

Typed or printed name of signee

\*\*(((H17000108460 3)))



# 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

## COUNTRYTYME HOMES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of June, 1999, with its period of duration being JUN 2050.

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.

(((H170001084603)))

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Scan to verify online.

of Raleigh, this 20th day of April, 2017.

Elaine 4: Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 100487557-1 Reference# 13789989-JRS Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification