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ECRETARY OF STATE AMARGEE PLORIDA

S. WARREN SEP 0 1 2017



August 24, 2017

KERRY ANNE SCHULTZ 2045 FOUNTAIN PROFESSIONAL COURT, SUITE NAVARRE, FL 32566

SUBJECT: PRECISION LIFT INDUSTRIES - NC, LLC

Ref. Number: W17000069719

We have received your document for PRECISION LIFT INDUSTRIES - NC, 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.

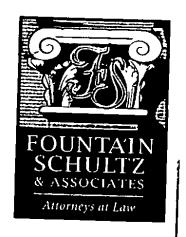
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00017456

Stacey M Warren Regulatory Specialist II

www.sunbiz.org



KENNETH R. FOUNTAIN KERRY ANNE SCHULTZ SCOTT C. BRIDGEORD

## VIA REGULAR U.S. MAIL

Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallahassee, FL 32314

Re:

Precision Lift Industries - NC, LLC Letter Number: 717A00017456

Dear Sir or Madam:

Enclosed please find the following:

- se find the following: 1. Authorization to Transact Business in Florida:
- Letter from the Florida Department of State; and 2.
- Certificate of Existence from the North Carolina Department 3. of the Secretary of State.

The enclosed Certificate of Existence is directly from the North Carolina Department of Secretary of State and a color copy is not provided.

Please return a filed copy to me in the enclosed pre-addressed stamped envelope. Should you have any questions, please advise. Thank you for your assistance in this matter.

2045 FOONTAIN PROFESSIONAL CT Sume A NAMBRE, FLORIDA 32566

TEL (850) 939-3535 Ext. (850) 939-3539

SANIA ROSA BEAGIL Tel: (850) 622-2700 PAY: (850) 622-2722

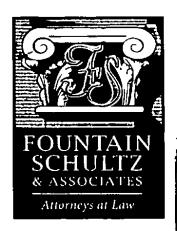
KAS:amf cc: Client

Enclosures

Sincerely, Fountain Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire





KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

August 17, 2017

### VIA US REGULAR MAIL DELIVERY

Department of State Division of Corporations Corporate Filings 2661 Executive Center Cir. Tallahassee, FL 32301

**RE:** Precision Lift Industries – NC, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of the Application by Foreign Limited Liability for Authorization to Transact Business in Florida form for the above-referenced entity along with a check for payment of the filing fee.

Please return the filed copy to me in the enclosed pre-addressed, stamped envelope.

If you should you have any questions, please feel free to contact me. Thank you for your consideration.

Sincerely,

Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz

2045 FOUNTAIN PROFESSIONAL CT SUITE A NAVARRE, FLORIDA 32566 TEL (850) 939-3535

Fax (850) 939-3539

Santa Rosa Beach Tel: (850) 622-2700 Fax: (850) 622-2722

KAS/amf Enclosures



#### COVER LETTER

TO:	Registration Section Division of Corporation	ıs				
SUBJE	Precision Lift Indust	ries - NC, LLC				
.90/19/1/25	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Liability (	Company		
		eign Limited Liability Comp d to register the above refer				
Please re	eturn all correspondence c	oncerning this matter to the	following:			
	Kerry Anne Sch	nultz				
		Ň	ame of Person			
	Fountain, Schul	tz & Associates, PL				
		F	irm/Company	<del> </del>		
	2045 Fountain l	Professional Court, Suite A				
			Address			
	Navarre, FL 32	566				
		City/S	tate and Zip Code			
	kaschultz@fount	aintaw.com				
		E-mail address; (to be used	d for future annual	report no	tification)	
For furth	her information concernin	g this matter, please call:				
	Kerry Anne Schultz		850 at (	939-35. _)		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding centive Center Circle see, FL 32301	
Enclosed	d is a check for the follow ■ \$125.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Conf Status & Certified Conf	

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Il name unavailable, ewer alternate	name adopted for the purpose of transacting business in	n Florida. The alternate name mass include "I imited	Lability Company ""L. L. C." or "LT C."s
North Carolina		3.	
(Jurisdiction under the law of v	shigh foreign limited liability company is organized)	(FEI n	umber, if applicable)
4. 8/11/2017			
4,	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to de	or to registration.)	
3.05 N L 1 S 2 11		•	
5. 3605 North Daws Hw (Sireet Address of	y. Pennaga (Olive)	6. 3901 Commerce Park Dr	rive, Suite B
Pensacola, Florida 325		Raleigh, NC 27610-2776	
			<u>~~~</u>
7. Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	FILI 631 FARY FARY
Name:	Kerry Anne Schultz		
Office Address:	2045 Fountain Professional Court,	Suite A	STA FLOR
	Navarre	, Florida <u>32566</u>	東京 二二
designated in this applica	egistered agent and to accept service ation, I hereby accept the appointmen	nt as registered agent and agree to a	ict in this capacity. I further agri
Having been named as r designated in this applica- to comply with the provi- and accept the obligation	egistered agent and to accept service ation. I hereby accept the appointmentions of all statutes relative to the profess of my position as registered agent.  **Registered agent**  **Preciation as registered agent.**  **Registered	nt as registered agent and agree to a sper and complete performance of members agreed to the sugneture) o has/have authority to manage is/are Title or Capacity:	nct in this capacity. I further agree by duties, and I am familiar with
Having been named as r designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap  Title or Capacity:	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as refistered agent.  Registered agent.  Registered agent.  AmeriGlide, Inc.  3901 Commerce Park Dr., Raleigh, NC 27610  Precision Lift Industries, L.  3605 North Davis HWY	nt as registered agent and agree to a sper and complete performance of mem's signature)  o has/have authority to manage is/are  Title or Capacity:	nct in this capacity. I further agreely duties, and I am familiar with
Having been named as r designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u> Member	egistered agent and to accept service ation. I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.  Precision Lift Industries. L	nt as registered agent and agree to a sper and complete performance of mem's signature)  o has/have authority to manage is/are  Title or Capacity:	nct in this capacity. I further agreely duties, and I am familiar with
Having been named as r designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u> Member	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as refistered agent.  Precision Lift Industries, L.  3605 North Davis HWY Pensacola, FL 32503	nt as registered agent and agree to a sper and complete performance of mem's signature)  o has/have authority to manage is/are  Title or Capacity:	nct in this capacity. I further agree by duties, and I am familiar with
Having been named as redesignated in this applicate comply with the provisuand accept the obligation.  8. The name, title or capacity:  Member  Member  (Use attachments if necesparis) and accept the or Capacity:  Member  Member  10. Attached is a certificate purisdiction under the law of the translator must be seen.	egistered agent and to accept service ation. I hereby accept the appointment sions of all statutes relative to the property of the property of the property of the property agent.  Precision as a refistered agent.  AmeriGlide. Inc.  3901 Commerce Park Dr Raleigh. NC 27610  Precision Lift Industries. L.  3605 North Davis HWY Pensacola. Fl. 32503  ssary)  e of existence, no more than 90 days of of which it is organized. (If the certif	ont as registered agent and agree to a sper and complete performance of manage and complete performance of manage is/are authority to manage is/are Title or Capacity:  B	having custody of records in the lation of the certificate under oath
Having been named as redesignated in this applicate comply with the provisuand accept the obligation.  8. The name, title or capacity:  Member  Member  (Use attachments if necesparis) and accept the or Capacity:  Member  Member  10. Attached is a certificate purisdiction under the law of the translator must be seen.	egistered agent and to accept service ation. I hereby accept the appointment sions of all statutes relative to the property of the position as a gistered agent.  TREGISTERED AGENT	ont as registered agent and agree to a sper and complete performance of manage and complete performance of manage is/are authority to manage is/are Title or Capacity:  B	having custody of records in the lation of the certificate under oath

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

### PRECISION LIFT INDUSTRIES - NC, 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 July, 2017, 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 28th day of August, 2017.

Elaine I Marshall

Secretary of State