## M17000011138

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SLUBEL MAY OF STATE
TALL MINESOF FLORIDA

S. WARREN SEP 1 3 2017



August 29, 2017

HOLLY LARSUN 515 19TH STREET N FARGO, ND 58102

SUBJECT: PLC, LLC

Ref. Number: W17000070996

We have received your document for PLC, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L05000038284 PLC, LLC.

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.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 617A00017830

#### COVER LETTER

• :

TO: Registration Section Division of Corporation	15			
SUBJECT:	PLC LL Name of I	C Limited Liability Co	mpany	
				nsact Business in Florida," Certificate of company to transact business in Florida.
Please return all correspondence of	concerning this matter to the	following:		
	Hold	Lar Sin	<i>(</i>	
·	PLC, FI	LLC rm/Company	<del></del>	
51:	5 19th s	Address H		
	holly, lars	58107 tate and Zip Code	N).	um
P. Cal. C. Carrier	E-mail address: (to be used	i for future annual re	eport nou	ication)
For further information concerning Holk	of Contact Person	at ( Node )	<i>J30</i> Days	1 - 4451 ime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314		E R C 2	Division o Registratic Clifton Bu 2661 Exec	ADDRESS:  f Corporations on Section dilding nutive Center Circle e, FL 32301
Enclosed of a check for the follow \$125.00 Filing Fee	ring amount:  S130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



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

IN COMPLIANCE WITH SECTION ( COMPANY TO TRANSACT BUSINES	905.0902, FLORIDA STATUTES, THE FOI IS IN THE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABILITY
1.	PLC. 4	-C	
(Name of Foreign Limited	Liability Company; must include Limited	Liability Company," "L.L.C.," or "LLC."	DIC 1 110
(If name unavailable, enter alternate name ado	pted for the purpose of transacting business in Fioric	In The alternate harms must include "Limited Lin	bility Company," "L.L.C," or "LI,C,")
2 Hurn D	of 10 to	3. 47-27	ber, it applicable)
4	<u> </u>		
(I) (S	ee sections 605,0904 & 605,0905, F.S. to determine	gistration.) r penalty liability)	C 4
5. DIS JOING	\\ \frac{\S + \frac{1}{4}}{\Othice)}	6. <u>515 1941</u>	ress) Fra
Fargo, MD 53	1103	Fargo, ND	5802 8
			55
7. Name and street address of F	lorida registered agent: (P.O. Box	NOT acceptable)	
Name:	Charles B. Ha	les	100 <b>5</b>
Office Address:	1480 (6th St.)	NE_	RBA RBA
	Naples	Florida <u>341</u> 6	<u>v</u>
designated in this application, i	ed agent and to accept service of pi I hereby accept the appointment as f all statute relative to the proper o	registered agent and agree to act and complete performance of my	in this capacity. I further agree
8. The name, title or capacity a <u>Title or Capacity:</u>	nd address of the person(s) who has Name and Address:	have authority to manage is/are: Title or Capacity:	Name and Address:
President	Charles Hayes 1400 Ilom St 1115 Haples, Et 341,00	Lise President	Chris Hays Faig MD Smi
Treasures	HOLL LONG	In lice President	Shan Haps SIS AM STA Forth ALD SMOZ
(Use attachments if necessary)	. у .		$y \sim y$
	istence, no more than 90 days old, d ich it is organized. (If the certificate ed)		
	n accordance with section 605.0203 Department of State constitutes a thir		
	Typed or p	ornited name of signee	

# State of North Dakota SECRETARY OF STATE

ZYSZY JE V SIE V S



### CERTIFICATE OF GOOD STANDING OF

PLC, LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that PLC, LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on October 14, 2014 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

PLC, LLC

ALANA VALVA VA

Issued: August 18, 2017

Alvin Jaeger Secretary of State

Swin a Jarger