# M17000008745

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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JUL 3 0 S. PRATHER

## **COVER LETTER**

TO:	-		Section Corporations			•
SUBJ	ECT:	NORT	H INDUSTRIAL MACHINE.	LLC		
			Name of Forei	gn Limited Lia	ability Co	ompany
Dear S	Sir or M	Aadam:				
The er	nclosed	l applic	ation, certificate and fee(s	e) are submitted	d tor filin	<u>g</u> .
Please	return	all cor	respondence concerning th	his matter to th	ie followi	ng:
Jay Un	iderkofl -	er				
			Name of Person		_	
API PI	ROCES	SING-L	ICENSING, INC.			
			Firm/Company		_	
3419 C	ialt Occ	an Drive	c, Suite A			
			Address			
Fort La	auderda	le, FL 3;	3308			
			City/State and Zip Coo	de		
jay@a <sub>l</sub>	piproces	ssing.co	n			
E-m	ail add	iress: (t	o be used for future annua	il report notific	cation)	
For fu	rther ir	ıformat	ion concerning this matter	r, please call:		
Jay Un	derkofl	er 		954 at (	567-0	013
		Nam	ec of Person	Area Coo	ie & Day	time Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	
			a check for the following	•		_
<b>■</b> \$25	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Certified		☐ \$60 Filing Fee. Certificate of Status & Certified Copy

### · APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION	ST (1-4 must be completed)	202 2-Li
Name of limited liability Company as it appear  State: NORTH INDUSTRIAL MACHINE, LLC	·	2024 JUL 17
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		್. ೮
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M17000008745	
3. Jurisdiction of its organization: SOUTH CARO	LINA	
4. Date authorized to do business in Florida: 10/1.	2/2017	<del></del>
SECTION II (5-9 complete only the applicable of the limited liability company:  (much	changes)	
(mus	t contain "Limited Liability Company, " "L	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members adopting the alternate nam	florida and attach a lie. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, <u>enter the r</u> <u>ddress here:</u>	name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Ada	<u>-</u>
	Florid:	a Zip Code

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:							
itle/ Capacity	Name	Address	Type of Action				
<del></del>			□Add				
			□Remov				
	<del></del>		□Add				
			□Remov				
		-					
			□Remov				
	<del></del>						
	-						
			□Add				
aforementioned ame	rate, if required: no more than 90 days adment(s), duly authenticated by the colaw of which this entity is organized.  Signature of the a	official having custody of records I.	□ Remove				

Filing Fee: \$25.00

## The State of South Carolina



## Office of Secretary of State Mark Hammond

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

North Industrial, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 1st, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of April, 2024.

Mark Hummond, Secretary of State