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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIST Choice Fasteners, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Mark Decker
Name of Person
First Choice Fasteners LLC
2525 One Inon St. Address
Morchead City, NC 28557-4959 City/State and Zip Code
Mark @ filst choice fasteners. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Decker at (910) 322-3189 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, T. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	HE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
1. First Choice Fastone (Name of Foreign Limited Liability Company; must include "	YS, LLC.
(Name of Foreign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busines	s in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,") 3. TOX (D - 47 - 418 0 108 (FFI number, if ample able)
(Juradiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. (Date first transacted business in Florida, if r	trior to registration.)
(Date first transacted business in Florida, if a (See sections 605.0904 & 605.0905, F.S. to	
Sirect Address of Principal Office)	6. 2525 One Iron St. Morchead City, NC 28557
IMDICHEDA CITY, INU 2855 I	Morcheda City, NU 2855 1
	
7. Name and street address of Florida registered agent: (P.O.	. Box NOT acceptable)
Name: NICOLE SMIT	<u>+n</u>
Office Address: 108 Brook S	side Dr.
<u>Clearwater</u>	, Florida <u>3376 Ц</u> (Zip code)
Registered agent's acceptance: (City)	(Zip code)
	e of process for the above stated limited liability company at the place ent as registered agent and agree to act in this capacity. I further agree
	roper and complete performance of my duties, and I am familiar with
Min accept the boligations by my position as registered agent	
(Registered a	egent's signature)
8. The name, title or capacity and address of the person(s) w	
Managing Member Mary Deckel	Title or Capacity: Name and Address:
PO Box 4075	A
WilmingTor INC 2	
	
	
(Use attachments if necessary)	
 Attached is a certificate of existence, no more than 90 days jurisdiction under the law of which it is organized. (If the cert of the translator must be submitted) 	old, duly authenticated by the official having custody of records in the ificate is in a foreign language, a translation of the certificate under oath
10. This document is executed in accordance with section 605	.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes	s a third degree felony as provided for in s.817.155, F.S.
	gnature of an authorized person
Mark Dec	

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

FIRST CHOICE FASTENERS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 1st day of June, 2015, 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 11th day of October, 2017.

Elaine J. Marshall

Secretary of State