

(Requestor's Name) (Address) (Address)	100307176481
(City/State/Zip/Phone #)	707 M17-109999 LLC M17-109999
Special Instructions to Filing Officer:	17 DEC 29 (AH II: 01
	N. CAUSSEAUX

GEC 2 9 2017

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

.

ACCOUNT NO. : 12000000195

REFERENCE : 9857897 4324715 ablenan AUTHORIZATION

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COST LIMIT : \$ 125.00

ORDER DATE : December 28, 2017

ORDER TIME : 9:28 AM

ORDER NO. : 985789-005

CUSTOMER NO: 4324715

FOREIGN FILINGS

NAME: DILWEG CAPITAL AE II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

Dilweg Capital AE II, LLC

SUBJECT:

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:

Nikki Matthews

Name of Person

Dilweg Capital, LLC

Firm/Company

5310 South Alston Avenue, Suite 210

Address

Durham, North Carolina 27713

City/State and Zip Code

nmatthews(q.dilweg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Matthews			313-3485		
Name o	of Contact Person	al () Area Code	Daylim	e Telephone Number	
MAILING ADDRESS:		SI	REET A	DDRESS:	
Division of Corporations				Corporations	
Registration Section		Ru	gistration	Section	
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
		Ta	illahassee.	FL 32301	
Enclosed is a check for the follow	ing amount:				
\$125.00 Filing Fee	🗇 \$130.00 Filing Fee &	🗆 🗆 \$155.00 Filing P	ee & 🗆	\$160.00 Filing Fee, Certificate	
	Certificate of Status	Certified Copy	0	f Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dilweg Capital AE II, LLC

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida 'The alternate name must include "Limite	d Liability Company," "I	_LC," or "LLC
North Carolina		3.		_
	-tuch toreign limited liability company is organized)		number, if applicable}	
December 28, 2017				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)		
5310 South Alston Av		6. same		
(Street Address of	Principal Office)		Address)	
Durham, North Caroli	na 27713			
				<u>~2</u>
Name and street addre	ss of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)		DEI
Nt. —	Corporation Service Company			DEC CY
Name:				
	1201 Hays Street			-
Office Address:				
Office Address:	Tallahassee			
Office Address:	Tallahassee	, Florida <u>32301</u> (2)	p caste)	
	Tallahassee (City)	, Florida <u>32301</u> (2)	b critic)	
egistered agent's acception and a second state and a second state and a second se	Tallahassee (Cay) ptunce: egistered agent and to accept service of	ری process for the above stated lim	ited liability com	pany at the
egistered agent's acce aving been named as r signated in this applic	Tallahassee (City) ptunce: egistered agent and to accept service of ation, 1 hereby accept the appointment a	ti process for the above stated lim is registered agent and agree to	ited liability com act in this capac	pany at the
egistered agent's acceptaving been named as r esignated in this application of the second sec	Tallahassee (City) ptunce: egistered agent and to accept service of ation, I hereby accept the appointment a sions of all statutes relative to the proper	ti process for the above stated lim is registered agent and agree to	ited liability com act in this capac	pany at the
egistered agent's acceptaving been named as r esignated in this application of comply with the provis	Tallahassee (City) ptunce: egistered agent and to accept service of ation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent.	ti process for the above stated lim is registered agent and agree to	ited liability com act in this capac my duties, and I (pany at the ity. 1 furth am familia
egistered agent's acceptaving been named as r esignated in this application of comply with the provis	Tallahassee (City) ptunce: egistered agent and to accept service of ation, I hereby accept the appointment a sions of all statutes relative to the proper	ti process for the above stated lim is registered agent and agree to	ited liability com act in this capac	pany at the ity. 1 furth am familia Cohen
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egistered agent's acceptaving been named as resignated in this applied a comply with the provision accept the obligation 8. The name, title or cap	Tallahassee (Cay) ptunce: egistered agent and to accept service of f ation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: (Registered agent's bacity and address of the person(s) who has	(i process for the above stated lim is registered agent and agree to r and complete performance of signame) as/have authority to manage is/a	ited liability com act in this capac my duties, and I Lydia C Asst. Vice	pany at thi ity. I furth am familia Cohen President
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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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 a bird degree felony as provided for in s.817.155, F.S.

bil remot 210-Jeffrey A. Benson

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 ertify that

DILWEG CAPITAL AE II, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 28th day of December, 2017, with its period of luration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization re 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 ailure 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 his date of this certificate.

ANN DEC 29 PH 1: 38





Scan to verify online.

ertification#101490807-1_Reference#14146585-_Page:1 of 1_ erify this certificate online at http://www.sosnc.gov/verification_ IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of December, 2017.

Elaine I. Marshall

Secretary of State