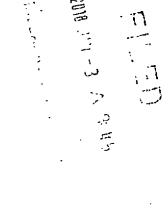
# MBOWOOTZ

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PICK-UP WAIT MAIL
(Business Entity Name)
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Continue of Status
Certified Copies Certificates of Status
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date:1/3/18	Account#: 12000000088
Name: KENDALL HOWELL	
Reference #: <b>D311979</b>	<u> </u>
Entity Name: CHAROLAIS H	OLDINGS, LLC
✓ Articles of Incorporation/Authoriza	tion to Transact Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738 .
Merger	518-213-0738
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	. · · ·

-1.212.947.7200

Authorized Amount:

Signature

\$125.00





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: 1/3/18	Account#: 12000000088
Name: KENDALL HOWELL	_
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Merger	
Dissolution/Withdrawal	
Fictitous Name	1
Other	ا مسا
	고 1985년 1985년 - 1985년
	<u>.</u>
Authorized Amount: \$125	5.00

-1.212.947.7200

Signature:

#### COVER LETTER

TO:		tion Section of Corporation	s					
SUBJE		rolais Holdings,					_	
		-	Name of I	Limited Liability (	Company			
The end Existen	losed "Ap	plication by Fore	eign Limited Liability Comp I to register the above refere	oany for Authoriza enced foreign limit	tion to Transact Business ed liability company to tr	in Florida, ansact busi	" Certifica ness in Flo	ate of orida.
Please r	return all o	correspondence c	oncerning this matter to the	following:				
		Brian C. Bednar	r			<b></b> ,	_	
			N	ame of Person				
		Charolais Holdi	ngs, LLC				_	
			Fi	rm/Company			-	
		1125 E. Morehe	ead Street, Suite 202					
				Address			_	
		Charlotte, NC 2	18204					
			City/S	tate and Zip Code			-	
	ı	team@birdseyeer	nergy.com				(E)	
	_		E-mail address: (to be used	for future annual	report notification)	(,-	ें हेंद्रि (	
For fur	ther inform	nation concerning	g this matter, please call:			,		
	Brian C	. Bednar		704 at (	644-7733		الد	
	-	Name o	f Contact Person	Area Code	Daytime Telephon	e Number	- ``>	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 usee, FL 32314			STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center ( Tallahassee, FL 32301			
Enclose		ck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fec & Certificate of Status	S \$155.00 Filing Certified Copy	ng Fee & □ \$160.00 F of Status & 0			

### 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:

lf name unavailable, enter alternate	name adopted for the purpose of transacting business is	n Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
North Carolina	huch foreign limited liability company is organized)	3	number, if applicable)
(17013/01/ct/four mither time files of a	ABOUT TOTE SEE INSTITUTE THE DUTTY COMPANY IS OR BARRETS	(* 33-)	
January 5, 2018	(Date first transacted business in Florida, if price	or to registration.)	<del></del>
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de		Civ 202
5 1125 E. Morehead Str (Street Address of		6. 1125 E. Morehead Street (Mailing	Address)
Charlotte, NC 28204		Charlotte, NC 28204	
7. Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	COGENCY GLOBAL, INC.		
Office Address:	115 North Calhoun Street, Suite 4		
	Tallahassee	, Florida <u>32301</u>	
		, riorida	
Having been named as r designated in this applic to comply with the provi.	(City) ptance: egistered agent and to accept service ation, I hereby accept the appointmen- sions of all statutes relative to the pro- as of my position as registered agent.	(Zig of process for the above stated limi nt as registered agent and agree to oper and complete performance of t	act in this capacity. I further agr
Having been named as r designated in this applic to comply with the provi and accept the obligation	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- as of my position as registered agent.  (Registered agent Rose Marie Cole	of process for the above stated liming as registered agent and agree to oper and complete performance of the compl	ited liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
designated in this applic to comply with the provi and accept the obligation	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent. (Registered ag	of process for the above stated liming as registered agent and agree to oper and complete performance of the compl	ited liability company at the place act in this capacity. I further agr ny duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation  8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent.  (Registered agent Rose Marie Cole accity and address of the person(s) who	of process for the above stated liming as registered agent and agree to oper and complete performance of the compl	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- as of my position as registered agent.  (Registered agent Rose Marie Cole pacity and address of the person(s) who	of process for the above stated liming as registered agent and agree to oper and complete performance of remaining the complete performance of rem	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation  8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- as of my position as registered agent.  (Registered agent Rose Marie Cole pacity and address of the person(s) who  Name and Address:  Brian C. Bednar  1125 E. Morehead St. Ste	of process for the above stated liming as registered agent and agree to oper and complete performance of remaining the complete performance of rem	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation  8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro- as of my position as registered agent.  (Registered agent Rose Marie Cole pacity and address of the person(s) who  Name and Address:  Brian C. Bednar  1125 E. Morehead St. Ste	of process for the above stated liming as registered agent and agree to oper and complete performance of remaining the complete performance of rem	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation  8. The name, title or cap Title or Capacity: Manager	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent.  (Registered ag Rose Marie Cole pacity and address of the person(s) who Name and Address:  Brian C. Bednar  1125 E. Morehead St, Ste Charlotte, NC 28204	of process for the above stated liming as registered agent and agree to oper and complete performance of remaining the complete performance of rem	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation  8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent.  (Registered ag Rose Marie Cole pacity and address of the person(s) who Name and Address:  Brian C. Bednar  1125 E. Morehead St. Ste Charlotte, NC 28204	of process for the above stated liming as registered agent and agree to oper and complete performance of the compl	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with e:  Name and Address:
Having been named as r designated in this applic to comply with the provi- and accept the obligation  8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece	ptance: egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent.  Rose Marie Cole cacity and address of the person(s) who Name and Address:  Brian C. Bednar  1125 E. Morehead St. Ste Charlotte, NC 28204  ssary) e of existence, no more than 90 days of which it is organized. (If the certif	of process for the above stated liming as registered agent and agree to oper and complete performance of remaining the complete performance of rem	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with e:  Name and Address:

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

### CHAROLAIS HOLDINGS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of May, 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 3rd day of January, 2018.

Elaine J. Marshall

Secretary of State