

M18000000/595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

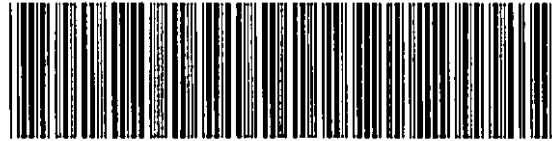
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert. sign
W18-4445

Office Use Only



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FEB 15 2018

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FEB 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2018

CARLA WARNER
1135 LAKESIDE DR
STATESVILLE, NC 28677

SUBJECT: BEMI LLC
Ref. Number: W18000004445

We have received your document for BEMI 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):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 118AC0001899

RECEIVED
FEB 12 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2018

CARLA WARNER
1135 LAKESIDE DR
STATESVILLE, NC 28677

SUBJECT: BEMI LLC
Ref. Number: W18000004445

We have received your document for BEMI 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 818A00000989

RECEIVED

JAN 29 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEMI 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:

Carla Warner

Name of Person

BEMI LLC

Firm/Company

1135 Lakeside Drive

Address

Statesville, NC 28677

City/State and Zip Code

carlasw330@gmail.com

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

For further information concerning this matter, please call:

Carla Warner

704

873-2282

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BEMI 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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. North Carolina 3. 82-2437903
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1135 Lakeside Drive
(Street Address of Principal Office)
Statesville, NC 28677

6. 1135 Lakeside Drive
(Mailing Address)
Statesville, NC 28677

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Carla Warner

Office Address: 19610 Gulf Blvd #207
Indian Shores, Florida 33785
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Carla S Warner
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member Manager</u>	<u>Carla Warner</u> <u>1135 Lakeside Drive</u> <u>Statesville, NC 28677</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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 third degree felony as provided for in s.817.155, F.S.

Carla S Warner
Signature of an authorized person

Carla S Warner
Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

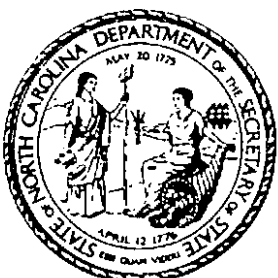
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BEMI LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 25th day of July, 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 6th day of February, 2018.

Elaine F. Marshall

Secretary of State



North Carolina Department of The Secretary of State

Invoice Number: 14208358

Billing Information

BEMI LLC
1135 Lakeside Drive
Statesville, NC 28677

Contact: BEMI LLC

Invoice Number: **14208358**

Customer Id Number: **200508994**

Invoice Date: 2/6/2018

Account Type: Payment upon Delivery

Ship Via: Online

Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Existence BEMI LLC							
1210 0511 435100072	101684895		1		\$10.00	\$10.00	Paid
Electronic Transaction Fee							
2120 0502 437993	101684896		1		\$2.00	\$2.00	Paid

Payment Details

ACH E-Payment for \$12.00, Acct XXXXXXXXXXXXXXX8898

			1		\$12.00	\$12.00	Payment
							\$0.00

Make check payable to:

NC Secretary of State

Online Payment:

<http://www.sosnc.gov/payinvoice>



Scan to pay online.

Include Invoice Number on all remittance and send to:

Secretary of State
PO Box 29622
Raleigh, NC 27626

For information regarding your filing contact:

Customer Service at (919) 814-5400 or toll free at (888) 246-7636

Notice: To avoid an additional assessment of a one-time 10% late penalty and interest of 5% per annum, as mandated by G.S. 147-86.23, the invoice must be paid in full.

There will be a \$25.00 processing fee for all returned checks and ACH returns.