Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001054023)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : 120120000007 Phone

: (702)066-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for futy annual report mailings. Enter only one email

Foreign Limited Liability Company Carolina Lift Stations, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$793.75

Electronic Filing Menu

Corporate Filing Meau

Help

COVER LETTER

	egistration Section ivision of Corporation	1\$			
SUBJECT	Carolina Lift Sta	lions, LLC			
SUBJECT	•	Name of Limited Liability Company			
The enclos Existence,	ed "Application by For and check are submitte	reign Limited Liability Compa d to register the above referen	any for Authorization to Transect foreign limited liability	neact Business in Plozida," Certificate of company to transact business in Florida	
Please retu	nı ali correspondence o	concerning this matter to the f	following:		
	Keri Sandl	er			
		Na	me of Person		
	InCorp Service	es, Inc.			
Firm/Company					
3773 Howard Hughes Pkwy. · Suite 500S					
Address					
	Las Vegas,	NV 89169-6014			
	<u> </u>	City/St	ate and Zip Code		
	Managedrepor	ts@incorp.com			
•		E-mail address: (to be used	for future annual report no	tification)	
For further	information concernit	ng this matter, please call:	.1.		
Keri S	Sandl e r on behalf	of InCorp Services, Inc	800-246-2677		
_	Name	of Contact Person	Area Code Day	time Telephone Number	
D R P	IAILING ADDRESS division of Corporation egistration Section O. Box 6327 allahassee, FL 32314		Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301	
	s a check for the follow 1\$125.00 Filing Fee	ving amount: \$\Bigsize \text{\$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 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOPIDA: 1. Carolina Lift Stations, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ELC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.C." or "LLC.") 20-3825773 2. South Carolina (PE number, of applicable) (Jurisdetian under the law of which foreign limited linbility company is organized) 4. 08/15/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine peopley liability) 6. PO BOX 746 5. 1303 Hunter Street (Mailing Address) (Street Address of Principal Office) York, SC 29745 York, SC 29745 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Namo: 17888 67th Court North Office Address: Florida 33470 Loxahatchee (City) 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 os registered agent Keri Sandler on behalf of Incorp Services, Inc. (Registered agent's signature) S. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Rebecca K. Caldwell James B. Caldwell Managing Member Managing Member 224 E. Liberty Street 224 E. Liberty Street York, SC 20745 York, SC 29745 (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 5.817.155, F.S.

Typed or printed name of signos

Rebecca K. Caldwell

...

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:

CAROLINA LIFT STATIONS, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on November 29th, 2005, 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 \$\overline{\pi}\$ S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

100

Given under my Harid and the Great Seal of the State of South Carolina this 3rd day of April, 2018.

Mark Hammond, Secretary of State