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APR 25 2018



April 23, 2018

Florida Department of State Division of Corporations - Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application to register Capital Sign Solutions, LLC as a Foreign Profit Corporation

To Whom It May Concern-

Please find enclosed a completed application to register Capital Sign Solutions, LLC as a foreign profit corporation to transact business in the State of Florida for your review and consideration. In addition to the completed application, forms, etc. you will also find a check made payable to the Florida Department of State in the amount of \$160.00. Upon your review and approval of the pending application, please forward Certificate of Status to my attention. Should you have any questions pertaining to the pending application please fee free to contact me at (919) 306-3802.

To ensure that we are properly registered, certified and licensed we are also in the process of securing a Florida Specialty Electrical Contractor License in addition to our enclosed application for registration as a Foreign Profit Corporation which based on our understanding will place Capital Sign Solutions, LLC as a company/contractor in good standing with the State of Florida.

Many thanks in advance for your considerations and I look forward to your reply. Please advise with any questions or if I can be of further assistance-

Respectfully-

Capital Sign Solutions

Brandon Mangum (Phone: (919) 306-3802

Thone. (515) 500-5002

e-mail: brandon@capitalsignsolutions.com

cc: File

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Capital Sign Solutions, LLC	
3000	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ee, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	
Please	eturn all correspondence concerning this matter to the following:	
	April Lyon	
	Name of Person	
	Capital Sign Solutions	
	Firm/Company	
	5800 McHines Place-Suite 110	
	Address	
	Raleigh, NC 27616	
	City/State and Zip Code	
	april@capitalsignsolutions.com	
	E-mail address: (to be used for future annual report notification)	
For fu	ner information concerning this matter, please call:	
	Brandon Mangum 919 306-3802	
	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	
Enclos	d is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy □ \$155.00 Filing Fee & □ \$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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in l		Lisbility Company," "LL.C." or "LL.C.")
North Carolina		3. 45-2546864	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI m	umber, if applicable)
N/A			
	(Date first transacted business in Florids, if prior (See sections #05.0904 & 605.0905, F.S. to deter	lo registration.) mine penalty bability)	
5800 McHines Place-		6 5800 McHines Place-Sui	te 110
•	Principal Office)	(Mailing A	ddress)
Raleigh, NC 27616	··········	Raleigh, NC 27616	·
Name and street addre	ess of Florida registered agent: (P.O. Bo	x NOT acceptable)	7AL SE
Name:	API Processing-Licensing Inc		CA A
	3419 Galt Ocean Drive-Suite A		APR AFF IA
Office Address:	5417 Gait Ocean Drive-Suite A		\$ 25 \$ 55
	Fort Lauderdale, FL	, Florida 33308	
gistered agent's acce	(Csy)	(Zipo	ode)
d accept the obligation	stons of all statutes relative to the property of my position as registered agent	er and complete performance of m	y duties, and Tum familiar w
d accept the obligation	stons of all statutes retaine to the property of the property		y duties, and I am familiar w
d accept the obligation The name, title or cap	(Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent)	s signature) nas/have authority to manage is/are:	
d accept the obligation The name, title or cap <u>Title or Capacity:</u>	(Registered agent)	us/have authority to manage is/are: Title or Capacity:	Name and Address:
d accept the obligation The name, title or cap	(Registered agent) (Regis	uas/have authority to manage is/are: Title or Capacity: Office Manager	Name and Address: April Lyon
The name, title or cap	(Registered agent)	uas/have authority to manage is/are: Title or Capacity: Office Manager	Name and Address:
The name, fitle or cap	Registered agent (Registered agent) (Registered agent (Registered agent) (Regi	uas/have authority to manage is/are: Title or Capacity: Office Manager	Name and Address: April Lyon 5800 McHines Place-Suit
The name, fitle or cap Title or Capacity; President/CEO	sacity and address of the person(s) who hame and Address; Patrick L. Mills 5800 McHines Place-Suite 1 Raleigh, NC 27616 Brandon Mangum 5800 McHines Place-Suite 1	nas/have authority to manage is/are: Title or Capacity: Office Manager	Name and Address: April Lyon 5800 McHines Place-Suit
The name, title or car Title or Capacity; President/CEO Business Developme	sacity and address of the person(s) who have and Address; Patrick L. Mills 5800 McHines Place-Suite 1 Raleigh, NC 27616 Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616	nas/have authority to manage is/are: Title or Capacity: Office Manager	Name and Address: April Lyon 5800 McHines Place-Suit
The name, title or car Title or Capacity; President/CEO Business Developme	Patrick L. Mills 5800 McHines Place-Suite 1 Raleigh, NC 27616 Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616	ass/have authority to manage is/are: Title or Capacity: Office Manager	Name and Address: April Lyon 5800 McHines Place-Suit Raleigh, NC 27616
The name, title or cap Title or Capacity; President/CEO Business Developme se attachments if neces	sacity and address of the person(s) who have and Address; Patrick L. Mills 5800 McHines Place-Suite 1 Raleigh, NC 27616 Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616 ssary) c of existence, no more than 90 days old	ass/have authority to manage is/are: Title or Capacity: Office Manager I(Name and Address: April Lyon 5800 McHines Place-Suit Raleigh, NC 27616
The name, title or cap Title or Capacity; President/CEO Business Developme See attachments if neces Attached is a certificate is diction under the law	sacity and address of the person(s) who have and Address; Patrick L. Mills 5800 McHines Place-Suite 1 Raleigh, NC 27616 Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616 en Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616	ass/have authority to manage is/are: Title or Capacity: Office Manager I(Name and Address: April Lyon 5800 McHines Place-Suit Raleigh, NC 27616
The name, title or cap Title or Capacity; President/CEO Business Developme se attachments if neces Attached is a certificate is diction under the law the translator must be s This document is executed.	sacity and address of the person(s) who have and Address; Patrick L. Mills 5800 McHines Place-Suite 1 Raleigh, NC 27616 Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616 en Brandon Mangum 5800 McHines Place-Suite 1 Raleigh, NC 27616	ass/have authority to manage is/are: Title or Capacity: Office Manager () duly authenticated by the official hate is in a foreign language, a translated in the interval of the control of the contro	Name and Address: April Lyon 5800 McHines Place-Suit Raleigh, NC 27616 having custody of records in the ation of the certificate under or
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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

CAPITAL SIGN SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 16th day of June, 2011, 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 23rd day of April, 2018.

Elaine J. Marshall

Secretary of State