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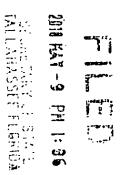
| (Re                     | questor's Name)     |             |
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| (Cit                    | ty/State/Zip/Phone  | #)          |
| PICK-UP                 | MAIT                | MAIL        |
| (Bu                     | isiness Entity Name | e)          |
| (Do                     | ocument Number)     | <del></del> |
| Certified Copies        | Certificates        | of Status   |
| Special Instructions to | Filing Officer:     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
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| <u> </u>                |                     |             |

Office Use Only



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HAY LARRIS

#### COVER LETTER

TO:

**Registration Section** 

| Div                           | ision of Corporatio  | ns   |   |   |
|-------------------------------|--|--|---|---|
| SUBJECT:                      | C-BAM, LLC   |  |   |   |
| SOBOLOT.                      |  | Name of  | Limited Liability Compan                              | <u></u>   |
| The enclosed<br>Existence, as | d "Application by Fo<br>nd check are submitte  | reign Limited Liability Comp<br>ed to register the above refer | pany for Authorization to enced foreign limited liabi | Fransact Business in Florida," Certificate of lity company to transact business in Florida                      |
| Please return                 | n all correspondence   | concerning this matter to the                                  | following:  |   |
|                               | Marie R. McL   | ucas   |   |   |
|                               |  | N  | ame of Person   |   |
|                               | C-BAM, LLC   |  |   |   |
|                               |  | F  | irm/Company   |   |
|                               | 1100 E. Morel  | nead Street  |   |   |
|                               |  | · · · · · · · · · · · · · · · · · · ·                          | Address   |   |
|                               | Charlotte, NC  | 28204-2815   |   |   |
|                               | <del>-</del>   | City/S   | tate and Zip Code                                     | <del></del>   |
|                               | bgarner@prima:   | xproperties.com  |   |   |
|                               |  | E-mail address: (to be use                                     | d for future annual report                            | notification)   |
| For further i                 | nformation concernit   | ng this matter, please call:                                   |   |   |
| Ве                            | th Garner  |  |   | 7241  |
|                               | Name   | of Contact Person  | at ()<br>Area Code                                    | Daytime Telephone Number  |
| Div<br>Reş<br>P.C             | AILING ADDRESS<br>vision of Corporation<br>gistration Section<br>D. Box 6327<br>Ilahassec, Fl. 32314 |  | Divisi<br>Regist<br>Cliftor<br>2661 I                 | ET ADDRESS:<br>on of Corporations<br>ration Section<br>n Building<br>Executive Center Circle<br>assee, FL 32301 |
|                               | a check for the follow<br>\$125.00 Filing Fee  | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filing Fee &<br>Certified Copy             |   |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2018

MARIE R MCLUCAS 1100 E MOREHEAD ST CHARLOTTE, NC 28204-2815

SUBJECT: C-BAM, LLC

Ref. Number: W18000039872

We have received your document for C-BAM, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

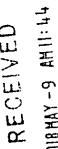
The document number of the name conflict is A05000001547.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 818A00008751



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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign  | Limited Liability Company; must include "Limite   | 71   | ***                             |                          | _                                      |
|---|---|--|---------------------------------|--------------------------|--|
| C-BAM OF FL, LLC  | Limited Liability Company; must include "Limite   | a Liability Company, L.E.C., or LEC  | )                               |                          |  |
|   | ume adopted for the purpose of transacting business in Flo  | orida. The alternate name must include "Limited."  | Liability Company,""            | L.L.C," or "L            |  |
| 2. North Carolina   |   | 3 30-0992417   |                                 |                          |  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  |   | J  | imber, if applicable)           |                          | _                                      |
| 4.  |   |  |                                 |                          |  |
| ··  | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 605 0905, F.S. to determ  | registration )   | <del></del>                     |                          |  |
| 5 1100 E. Morehead Stre   |   | 6 1100 E. Morehead Street  | İ                               |                          |  |
| (Street Address of I  | Principal Office)   | O. (Mailing A  |                                 | 1113<br>11-23            | <del></del>                            |
| Charlotte, NC 28204-2   | 2815  | Charlotte, NC 28204-28   | <u> </u>                        |                          | _==::::::::::::::::::::::::::::::::::: |
|   |   |  |                                 | 3                        | jį<br>umaru –                          |
| 7. Name and street addres   | ss of Florida registered agent: (P.O. Box   | NOT acceptable)  | ASSET                           | -9 PH                    |  |
| Name:   | Corporation Service Company   |  | -11.                            |                          | 3                                      |
| Office Address:   | 1201 Hays Street  |  | <u> </u>                        | - <del> </del>           | أحملوا والأح                           |
|   | Tallahassee   | 22201  | ≫                               | (T) (4)                  |  |
|   | (Cnv)   | , Florida 32301  | ode)                            |                          |  |
| ,   |   |  |                                 |                          |  |
|   | s of my position as registered agent.   |  |                                 |                          |  |
|   | (Registered agent's   | signature)   |                                 |                          |  |
| 8. The name, title or capa <u>Title or Capacity:</u>  |   |  | :<br>Name and                   | l Address                | <u>:</u>                               |
|   | (Registered agent's acity and address of the person(s) who ha   | s/have authority to manage is/are:   |                                 | l Address                | <u>::</u>                              |
| Title or Capacity:  | (Registered agent's acity and address of the person(s) who ha   | s/have authority to manage is/are:   |                                 | l Address                | <u>:</u>                               |
| Title or Capacity:  | (Registered agent's acity and address of the person(s) who has Name and Address:  Cannon S. Cory  1100 E. Morehead Street   | s/have authority to manage is/are:   |                                 | l Address                | <u></u>                                |
| Title or Capacity:  | (Registered agent's acity and address of the person(s) who has Name and Address:  Cannon S. Cory  1100 E. Morehead Street   | s/have authority to manage is/are:   |                                 | l Address                | <u>:</u>                               |
| Title or Capacity:  Member  | (Registered agent's acity and address of the person(s) who han Name and Address:  Cannon S. Cory  1100 E. Morehead Street Charlotte, NC 28204-2815  | s/have authority to manage is/are:   |                                 | l Address                | <u>:</u>                               |
| Title or Capacity:  Member  | (Registered agent's acity and address of the person(s) who han Name and Address:  Cannon S. Cory  1100 E. Morehead Street Charlotte, NC 28204-2815  | s/have authority to manage is/are:   |                                 | l Address                |  |
| Title or Capacity:  Member  (Use attachments if necess). Attached is a certificate urisdiction under the law of   | (Registered agent's acity and address of the person(s) who hat Name and Address:  Cannon S. Cory  1100 E. Morehead Street Charlotte, NC 28204-2815  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate                    | Title or Capacity:  Title or Capacity:  duly authenticated by the official   | Name and                        | of record                | s in the                               |
| Title or Capacity:  Member  (Use attachments if necess  D. Attached is a certificate surisdiction under the law of the translator must be surious.)  10. This document is executed. | Cannon S. Cory  1100 E. Morehead Street Charlotte, NC 28204-2815  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate libmitted)  uted in accordance with section 605.0203 of the Department of State constitutes a thing. | duly authenticated by the official le is in a foreign language, a transle (1) (b), Florida Statutes. I am awrd degree felony as provided for i | having custody ation of the cer | of record<br>tificate ur | s in the                               |
| Title or Capacity:  Member  (Use attachments if necess)  Attached is a certificate urisdiction under the law of the translator must be sull. This document is executed.             | Cannon S. Cory  1100 E. Morehead Street Charlotte, NC 28204-2815  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate libmitted)  uted in accordance with section 605.0203 of the Department of State constitutes a thing. | duly authenticated by the official is in a foreign language, a transl  | having custody ation of the cer | of record<br>tificate ur | s in the                               |

Typed or printed name of signee

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

IN COMPLIANCE WITH NEETHON (1980) DE, FLORID USTAIL TIIN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN TEMHED LEBILLID COMPANATORINS ICT BUNNESS IN THE STATE OF FLORIDA (Name of Foreign Figured Liability Company, must include Tailoted Frability Company, 1-1-1-1, or 11-1-3 C-BAM OF FL. LLC of transconsvariable trace observate many adopted for the purpose of transacting biomics on Florida. The afternate naive must include a moved cability Company. The contract is 2 North Carolina all I nember at applicable Charselection under the Loc of which foreign limited liability company is organized) Thate first transacted business in Florida, if prior to registration is See sections (4) (1984) 5, (4) (1985) F.S. to determine penalty liability. 6. 1100 E. Morehead Street 5 1100 E. Morehead Street (Madang Voldress (Sweet Address at Procapal Office) Charlotte, NC 28204-2815 Charlotte, NC 28204-2815. 7. Name and street address of Horida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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. - Hantle Schurman 8. The name, title or capacity and address of the person(s) who has/have authority to manage is are: Little or Capacity: Title or Capacity: Name and Address: Name and Address: Member Cannon S. Cory 1100 E. Morehead Street Charlotte, NC 28204-281: +1 se attachments if necessary i 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 outh of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Horida 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 \$.817 155. U.S. Cannon S. Corv Exped 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

#### C-BAM, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th day of July, 2007, 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 24th day of April, 2018.

Elaine I Marshall

Secretary of State