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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

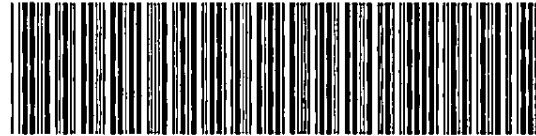
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
JAN 24 2019

SCHELLBRAY

SCHELL BRAY PLLC
Attorneys and Counselors at Law

WRITER'S DIRECT DIAL NUMBER

336 370 8850

WRITER'S EMAIL ADDRESS

lduffy@schellbray.com

January 17, 2019

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via FedEx: 850-245-6053

RE: Keystone Florida, LLC Florida Qualification of a Foreign LLC

Gentlemen:

Please find enclosed the following items in connection with the above referenced qualification:

- (a) An Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- (b) A Certificate of Good Standing issued by the Delaware Secretary of State; and
- (c) A check in the amount of \$155.00 in payment of the 125.00 new Application filing fee (including \$30 for a certified copy).

Kindly return the certified Certificate of Authorization to me at your earliest opportunity. I have enclosed a return FedEx envelope for your convenience.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Liz Duffy
Legal Assistant

/ld
enclosures

PAUL H. LIVINGSTON, JR.
THOMAS C. WATKINS
MICHAEL H. GOODWIN
BARBARA R. CHRYST
JENNIFER L.J. KOENIG
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ANDREW D. STEFFENSEN
PETER G. MATTHEWS

OF COUNSEL
DORIS R. BRADY

BRAXTON SCHELL
(1994-2008)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEYSTONE FLORIDA, 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:

BARBARA R. CHRISTY

Name of Person

SCHELL BRAY PLLC

Firm/Company

PO BOX 21847

Address

GREENSBORO, NC 27420

City/State and Zip Code

BCHRISTY@SCHELLBRAY.COM

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

For further information concerning this matter, please call:

BARBARA CHRISTY

336

370-8810

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. KEYSTONE FLORIDA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

KEYSTONE FLORIDA (DE), 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5157973
(FEI number, if applicable)

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

5. 300 NORTH GREENE STREET
(Street Address of Principal Office)

6. SUITE 1000
(Mailing Address)

GREENSBORO, NC 27401

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

Name: CT CORPORATION

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.



(Registered agent's signature)

M. E. Jones, Asst. Sec'y.

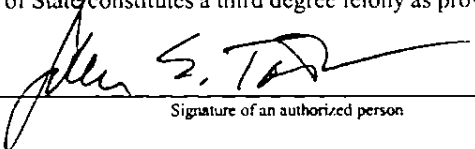
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---|--|--|
| <input type="checkbox"/> Manager | Name: <u>John E. Tomlinson</u> | <input type="checkbox"/> Manager | Name: <u>E. Durant Bell</u> |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | <u>300 N. Greene Street Suite 1000</u> | <input checked="" type="checkbox"/> Authorized | <u>300 N. Greene Street Suite 1000</u> |
| Person | <u>Greensboro, NC 27401</u> | Person | <u>Greensboro, NC 27401</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Manager | Name: <u>Bell Keystone Florida Three Manager, LLC</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>300 N. Greene St.</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Suite 1000</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>Greensboro, NC 27401</u> | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person
JOHN E. TOMLINSON, CHIEF FINANCIAL OFFICER

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEYSTONE FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEYSTONE FLORIDA, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6838883 8300

SR# 20190138644

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202041610

Date: 01-08-19