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SECRETARY OF STATE

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#### COVER LETTER

TO:	egistration Section ivision of Corporations						
SURIF	DELCO SARASOTA, LLC						
SUBJECT: Name of Limited Liability Company							
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certif and check are submitted to register the above referenced foreign limited liability company to transact business in						
Please r	rn all correspondence concerning this matter to the following:						
	J. Geoffrey Pflugner, Esq.						
	Name of Person						
	Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.						
	Firm/Company						
	8470 Enterprise Circle, Suite 201						
	Address						
	Bradenton, FL 34202						
	City/State and Zip Code						
	jptlugner@icardmerrill.com						
	E-mail address: (to be used for future annual report notification)						
For furt	information concerning this matter, please call:						
	. Geoffrey Pflugner 941 907-0006 at (						
	Name of Contact Person Area Code Daytime Telephone Number						
	IAILING ADDRESS:STREET ADDRESS:division of CorporationsDivision of Corporationsegistration SectionRegistration Section.O. Box 6327Clifton Buildingallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE							
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, C Certificate of Status Certified Copy of Status & Certified Copy						

#### 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:

1. Delco Sarasota, LLC (Name of Foreign	Limited Liability Company, must include "Limited	Liability (	Company," "L.I. C ," or "LLC")		
(If name unavailable, enter alternate n	aine adopted for the purpose of transacting business in Flor	ida. The alte	mate name must include "Limited Liab	thry Company," "L.L.C," or "LLC,")	
North Carolina		2	83-3490309		
2. (Jurisdiction under the law of w	nich foreign limited liability company is organized)	rganized) (FEI number, if applicable)			
4.	(Date first transacted business in Florida, if prior to i (See sections 605 0904 & 605 0905, F.S. to determi	registration )	ability)	<del> </del>	
320 15th Street SE		1	PO Box 3224		
5. (Street Address of I	Principal Office)	6(Mailing		ess)	
Hickory, NC 28602		ŀ	Hickory, NC 28603		
		_		; ; ; <b>i</b>	
<del></del>	<del></del>	_		第二	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	rceptable)	- m	
Name:	J. Geoffrey Pflugner				
Office Address:	8470 Enterprise Circle, Suite 201	<del></del>		24 07	
	Bradenton		34202 , Florida		
	(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)

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]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Name: David Looper								
	Manager Manager	Name: Cameron Maumey						
Address: 320 15th Street SE	Member	Address: 320 15th Street SE						
Hickory, NC 28602	Authorized	Hickory, NC 28602						
	Person							
Other	Other	Other						
Name: C. Roger Young, Jr.	Manager	Name:						
Address: 320 15th Street SE	☐ Member	Address:						
Hickory, NC 28602	Authorized	7 7 7						
	Person							
Other	Other	Other 9						
		<b>경 : </b>						
Name:	Manager	Name:						
Address:	Member	Address:						
	Authorized							
	Person							
Other	Other	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.								
2 2	Name:Other	Name:						

Typed or printed name of signee



## 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

#### DELCO SARASOTA, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 25th day of January, 2019

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) 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, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of February, 2019.

Elaine I Marshall

Secretary of State

Certification# 103954255-1 Reference# 15017618- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification