M19000003119

(On supplied Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Business Chury Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
melane Pila
AUTHORIZATION BY PHONE TO
·
J. 160
TATE_13/39/19
TE EXAME - fill

Office Use Only



800249244768

03/29/19--01032--802 **125.00

19 MAR 29 PM 2: 07
SICKE LART OF STATE
SILLAMASSI F. FL 85-84-

BL VORISEK MAR 3 0 2019



Brenda Vorisek
Florida Department of State
Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

3-25-19

Dear Ms. Vorisek,

It was a pleasure speaking with you last Friday about my foreign LLC dilemma. Per your advice I am including the following: this letter of explanation, a dissolution application, a foreign LLC application, a certificate of good standing from NC Secretary of State, and checks for both applications in the amount of \$25 and \$125, respectively.

My admin, Melissa Boeḥl, mistakenly applied on 5-17-17 for Riley Power Group, LLC (RPG) to do business in Florida as a <u>Florida</u> LLC instead of a <u>Foreign</u> NC LLC. When I realized last week that our status had lapsed due to a late annual report, I logged in and paid the renewal fee. When I was saving our active status certificate, I noticed it listed us as a Florida LLC. After speaking with you about this, you assured me we could dissolve the incorrect status and apply for the new corrected status without losing any coverage time for our company.

RPG did conduct a short-term project in Florida from May of 2017 until November of 2017 and has done no other work since that time.

Please note we are officially releasing the name, "Riley Power Group, LLC" to be used as our foreign LLC name as of the date of this letter.

Thanks very much for your assistance, and should you need anything further to facilitate this process, please do not hesitate to call.

Melanie Rilev

General Manager

Riley Power Group
Great American Welding Company

Cell: 803-517-5476

COVER LETTER

TO:

Registration Section

Name of Limited Liability Company								
		ign Limited Liability Company fo to register the above referenced f						
ease return al	II correspondence co	oncerning this matter to the follow	ing:					
	Elaine Harris							
	Name of Person							
	Riley Power Gro	oup, LLC						
	Firm/Company							
	100 Magnolia R	d. Suite 2207						
		Addr	ess					
	Pinehurst, NC 2	8374						
		City/State and	d Zip Code					
	bizdev@rileypow	ergroup.com						
		E-mail address: (to be used for fu	ture annual	report notificati	on)			
r further info	rmation concerning	this matter, please call:						
Elaine Harris			910	420-6999 ext	.106			
	Name of		Area Code	Daytime 1	Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section			STREET ADDRESS: Division of Corporations Registration Section					
P.O. B	Box 6327 passee, FL 32314			Clifton Buildin 2661 Executive Tallahassee, Fl	g e Center Circle			
		e following amount: le to: FLORIDA DEPARTMEN'	T OF STA	ГЕ				
■ s	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$160.00 Filing of Status & Cer			

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

IN COMPLIANCE WITH SECTION (05.00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	aine adopted for the purpose of transacting bu	ismess in Florida. The al	emate name must include "Uninted Liability	Company," "L L C," or "LLC	")
North Carolina 2.		3	46-4270007		
(Jurisdiction under the law of wh	nich foreign hinsted liability company is organ	ized)	(FFt number, if	f applicable)	
May 2017 (as a registe	red Florida LLC) (L1700				
	(Date first transacted business in Florid (See sections 605 0904 & 605 0905, F	la, il prior to registration S to determine penalty) nability)		
100 Magnolia Rd. Suit 5.	te 2207	6.	(same)		
5. (Street Address of Principal Office)			(Mailing Address)		
Pinehurst, NC 28374					
				3	
7. Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> :	cceptable)	CLARASS	19 HAR 29
Name:	Registered Age	ents, Inc.		7. * y	D ;
Office Address:	7901 4th St N STE 300)
	St Petersburg, Florida		33702	_	_
	(Cny	.1	. Florida(Zip code)		
designated in this applicate to comply with the provis	stance: egistered agent and to accept se ation, I hereby accept the appoi ions of all statutes relative to th s of my position as registered a	intment as regist he proper and co	ered agent and agree to act in	this capacity. I furth	er agr
	Real	-			

(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 Riley Manager Manager Name: 950 Lamms Rd Member Address: Address: ____ Carthage NC 28327 Authorized ☐ Authorized Person Person Other_ Other____ Other_ Other_____ Name: Melanic Riley Manager Manager Name: ______ 950 Lamms Rd Member Address: Carthage NC 28327 Authorized ☐ Authorized Person Person Other Other Other Other Name: Louis Sterchi Name: Manager Manager Address: 3400 Idaho Ave. Member ☐ Member Address: ______ NW Washington, DC 20016 Authorized Authorized Person Person Other __ Other Other_____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Melanie Riley

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

RILEY POWER GROUP, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 27th day of November, 2013

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 13th day of March, 2019.

Elaine J. Marshall

Secretary of State

Certification# 104128879-1 Reference# 15079615- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification