

M19000003987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

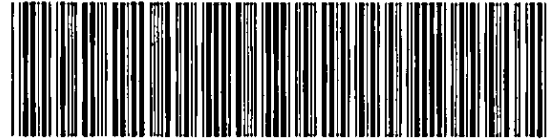
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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April 10, 2019

Florida Department of State  
Division of Corporations  
**Registration Section**  
PO Box 6327  
Tallahassee, FL 32314

**Re: Hickory Chair, LLC**

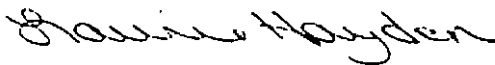
Dear Sir or Madam:

I am enclosing an Application for Authorization to Transact Business on behalf of the above-referenced North Carolina limited liability company which wishes to conduct business in the state of Florida. Our firm's check in the amount of \$130.00 is enclosed to cover the filing fee and a certified copy of the Authorization to Transact Business.

After filing, please return the certified copy to me in the self-addressed, stamped envelope provided. Feel free to contact me should you have any questions regarding this matter. Thank you for your assistance.

Sincerely,

PATRICK HARPER & DIXON L.L.P.



Laurie J. Hayden  
North Carolina Certified Paralegal

LJH/tah  
Enclosure  
cc: Eloise D. Bradshaw, Esq.

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TALLAHASSEE, FLORIDA

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. Hickory Chair, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1896190  
(FEI number, if applicable)

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

5. 401 11th Street NW  
(Street Address of Principal Office)

6. PO Box 608  
(Mailing Address)

Hickory, NC 28601  
Hickory, NC 28603

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

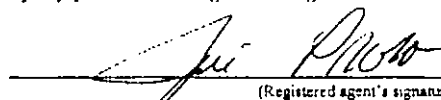
Name: NRAI Services, Inc.

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.

 Asst. Secretary  
(Registered agent's signature)

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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:

☐ Manager                      Name: A. Alex Shuford III

☐ Member                      Address: PO Box 608

☐ Authorized                      Hickory, NC 28603

Person \_\_\_\_\_

☒ Other President                      ☒ Other CEO

☐ Manager                      Name: Brandon M. Hucks

☐ Member                      Address: PO Box 608

☐ Authorized                      Hickory, NC 28603

Person \_\_\_\_\_

☒ Other Sr. Vice Presiden                      ☒ Other CFO

☐ Manager                      Name: Brandon M. Hucks

☐ Member                      Address: PO Box 608

☐ Authorized                      Hickory, NC 28603

Person \_\_\_\_\_

☒ Other Secretary                      ☒ Other Treasurer

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Carrie M. Regan

☐ Member                      Address: PO Box 608

☐ Authorized                      Hickory, NC 28603

Person \_\_\_\_\_

☒ Other Ass't. Secretary                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Melanie Willis

☐ Member                      Address: PO Box 608

☐ Authorized                      Hickory, NC 28603

Person \_\_\_\_\_

☒ Other Ass't. Treasurer                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_


Person \_\_\_\_\_

☐ 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.

  
Signature of an authorized person

Carrie M. Regan, Assistant Secretary

Typed or printed name of signer

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SECRETARY OF STATE



# 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

#### HICKORY CHAIR, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 5th day of July, 2018

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.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of April, 2019.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.