



Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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Foreign Limited Liability Company Catawba Civil LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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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

Catawba Civil L (Name of Foreign		nited Hability Company," "L. L.C.," or "ELC.")		
NOrth Carol		Florida. The alternate name must include "Limited Liability Company," "L.	L.C." or "LLA"	ግ
(Jurishelion under the law of w	ach foreign himted hability company is organized)	(PEI mumber, if applicable)		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to det	erito registration) eritine penalty liability)		
7901 4th St N		₆ 7901 4th St N		
(Street Address of i	runcipal Office)	(Mailing Address)		
STE 300		STE 300		
St. Petersb	urg FL 33702	St. Petersburg FL 33	702	
Name and street address Name:	Registered Agei	1)	OI THE KIR	-
Office Address:	7901 4th St N S	TE 300	M 3:5	
Connect Address.	St. Petersburg	. Florida 33702	គឺ ហ c	
egistered agent's accep	(City)	(Zip cosle)		
signated in this application comply with the provise	tion, I hereby accept the appointmen	of process for the above stated limited liability comp at as registered agent and agree to act in this capaci per and complete performance of my duties, and I a	ty, I furth	er i
, ,,,	Rul			

(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 numage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: James R. Harrah Manager ■ Manager Name: Address: 7901 4th St N **☑** Member Member Address: _____ St. Petersburg, FL 33702 Authorized Authorized Person Person Other_ Other____ Other____ Other_ Manager Name: ■ Manager Name: ☐ Member Address: Address: __ Authorized Authorized Person Person Other____ Other Other_ (ب Name: Manager Manager Name: _ Address: Member Member Address: Authorized Authorized Person Person ☐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 Riley Park Typed or praited 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

CATAWBA CIVIL LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 11th day of June, 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 21st day of June, 2019.

Secretary of State

Elaine I Marshall

Certification# 105202926-2 Reference# 15466583+ Page: Lof 1 Verify this certificate online at http://www.sosnc.gov/verification