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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Dunings Fakk, March)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ——
Special Instructions to Filing Officer:
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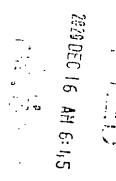
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MN 8 1 2021 S. YOUNG



COVER LETTER

Division of Corporations	
SUBJECT: Twin State Name of Fore	Trailers LLC eign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Janice L Goynes Name of Person	
Twin State Traiter SLLC Firm/Company	<u> </u>
8621 Statesville Rd Address	
Charlotte NC 28269 City/State and Zip Co	
City/State and Zip C	ode
ianice gornes atwinstatemail address: (to be used for future ann	retrailers. Com ual report notification)
For further information concerning this matt	er, please call:
Tyrice Gaynes Name of Person	at (<u>704</u>) <u>295-4259</u> Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	·-
☑\$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, s Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	s on the records of the Florida Department of
Name of limited liability Company as it appears	s on the records of the Florida Department of
State: Twin State Traile	
Enter new principal office address, if applicable:	6801 East Broadway Ave 5
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Tampa FL 33619
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
MAT BE A POST OF FICE BOX)	
2. The Florida document number of this limited lia	bility company is: M2000006863
3. Jurisdiction of its organization: North (arolina
	July 28, 2020
SECTION 11 (5-9 complete only the applicable o	· ·
5. New name of the limited liability company: (must	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name 2." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

itle/ Capacity	<u>Name</u>	Address Typ	e of Action
<u>Nembor</u>	James & Vaughn	8500 English Turn Lane	⊠Add
		Waxhaw NC 28173-9953	□Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
aforementioned	ler the law of which this entity is orga	y the official having custody of records in the	□Remo

Filing Fee: \$25.00



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

TWIN STATE TRAILERS LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 22nd day of January, 2009

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 11th day of December, 2020.

Elaine I Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 1080303
Date Filed: 1/22/2009 3:16:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200902200143

Limited Liability Company ARTICLES OF ORGANIZATION

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

	The name of the limited liability company is: Twin State Trailers LLC			
	If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: (If no date for dissolution is specified, there shall be not limit on the duration of the limited liability company.)			
	The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed here). James Vaughn			
	8322 Viewpoint Lane, Cornelius, NC 28031			
	The person executing these articles of organization is signing in the capacity of both member and organizer.			
	The street address and county of the initial registered office of the limited liability company is:			
	Number and Street 8322 Viewpoint Lane			
	City, State, Zip Code Cornelius, NC 28031 County Mecklenburg			
	The mailing address, if different from the street address, of the initial registered office is:			
	The name of the initial registered agent is: James Vaughn			
	Principal office information: (Select either a or b.)			
	a. The limited liability company has a principal office.			
	The street address and county of the principal office of the limited liability company is:			
	Number and Street 8322 Viewpoint Lane			
	City, State, Zip Code Cornelius, NC 28031 County Mecklenburg			

8.	Check one of the following:
	(i) Member-managed LLC: all members by virtue of their status as members shall be managers of this limited liability company.
	(ii) Manager-managed LLC: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.
9.	Any other provisions which the limited liability company elects include are attached.
10.	These articles will be effective upon filing, unless a date art of the is specified:
This i	s the 19 day of JANUARY , 2009
	Signature
	James Vaughn , Organizer
	Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION (Revised January 2002)

P.O. Box 29622

RALEIGH, NC 27626-0622 (Form L-01)

Instructions for Filing