

M20 000006863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

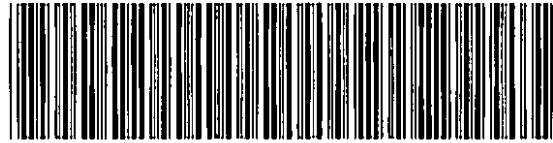
(Business Entity Name)

(Document Number)

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

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JAN 31 2021  
S. YOUNG

2020 DEC 16 AM 6:15  
FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Twin State Trailers LLC  
Name of Foreign 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 Trailers LLC  
Firm/Company

8621 Statesville Rd  
Address

Charlotte NC 28269  
City/State and Zip Code

janice.goynes@twinstatetrailers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Goynes at ( 704 ) 295-4259  
Name of Person 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 amount:

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

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

**SECTION I (1-4 must be completed)**

2020 DEC 16 AM 6:45  
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1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Twin State Trailers LLC

Enter new principal office address, if applicable: 6801 East Broadway Ave  
Tampa FL 33619  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: \_\_\_\_\_  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M20000006863

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: July 28, 2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City Zip Code*

**New Registered Agent's Signature, if changing 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	James E Vaughn	8500 English Turn Lane	<input checked="" type="checkbox"/> Add
		Waxhaw NC 28173-9953	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Janice L. Goynes  
Signature of the authorized representative

Janice L Goynes  
Typed or printed name of signee

Filing Fee: \$25.00



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

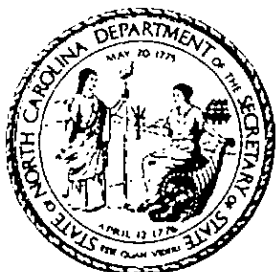
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### 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.

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.



Scan to verify online.

*Elaine F. Marshall*


Secretary of State

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

State of North Carolina  
 Department of the Secretary of State

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.

1. The name of the limited liability company is: Twin State Trailers LLC
  
2. 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 no limit on the duration of the limited liability company.)* \_\_\_\_\_
  
3. 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.
  
4. 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
  
5. The mailing address, *if different from the street address*, of the initial registered office is:  
 \_\_\_\_\_
  
6. The name of the initial registered agent is: James Vaughn 
  
7. 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  
 The mailing address, *if different from the street address*, of the principal office of the corporation is:  
 \_\_\_\_\_
  
  - b.  The limited liability company does not have a principal office.

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 to include are attached.

10. These articles will be effective upon filing, unless a date and/or time is specified:

\_\_\_\_\_

PLEASE SIGN & DATE

This is 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