

M200000008494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

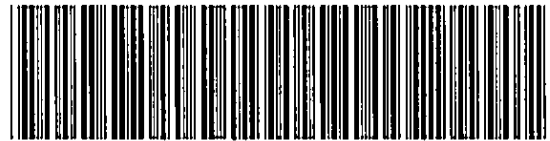
(Document Number)

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

Special Instructions to Filing Officer:

W20000107574

Office Use Only



200350482462

08/28/20 10:05:00 AM 100.00

2020 SEP 23 PM 3:08  
Filing Office

45  
9/29/20 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2020

EARLENE RHODES  
10405 CAHPEL HILL RD.  
MORRISVILLE, NC 27560

SUBJECT: PROFESSIONAL BUILDERS SUPPLY LLC  
Ref. Number: W20000107574

We have received your document for PROFESSIONAL BUILDERS SUPPLY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 620A00017905

RECEIVED  
SEP 28 2020



10405 Chapel Hill Road  
Morrisville, NC 27560-8710  
919-380-3400  
Fax 919-380-3401

September 25, 2020

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madame,

Please process the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida."

Per letter number 620A00017905 dated September 19, 2020, I have enclosed a certificate of existence from the NC Department of the Secretary of State. The state of North Carolina issues these certificates online in PDF format. The authenticity of the certificate can be verified per the instructions on the lower left hand corner of the certificate.

Thank you,

A handwritten signature in black ink, appearing to read "Jennifer Stafford".

Jennifer Stafford  
Assistant Treasurer  
[Jennifer.Stafford@pb-supply.com](mailto:Jennifer.Stafford@pb-supply.com)  
Phone 919-380-3400  
Fax 919-380-3402

*...it's about the service!*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Professional Builders Supply LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Earlene Rhodes  
Name of Person

Professional Builders Supply LLC  
Firm/Company

10405 Chapel Hill Rd  
Address

Morrisville, NC 27560  
City/State and Zip Code

earlene.rhodes@pb-supply.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Earlene Rhodes at (919) 380-3400  
Name of Contact 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status Certified Copy of Status & Certified Copy

2025 SEP 29 PM 3:08

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. Professional Builders supply LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Wake County NC  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 55-0829299  
(F.T.I. number, if applicable)

4. 6/30/2020  
(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 10405 Chapel Hill Rd  
(Street Address of Principal Office)

6. same as principal office  
(Mailing Address)

Morrisville, NC 27560

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N Ste 300

St. Petersburg, FL, Florida 33702  
(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.

✓ Tom Glown  
(Registered agent's signature)

2023 SEP 29 PM 3:06

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Van Isley</u>	<input type="checkbox"/> Manager	Name: <u>CBC Inc.</u>
<input checked="" type="checkbox"/> Member	Address: <u>12517 Ribbongrass Ct.</u>	<input checked="" type="checkbox"/> Member	Address: <u>2319 Western Blvd</u>
<input type="checkbox"/> Authorized	<u>Raleigh, NC 27614</u>	<input type="checkbox"/> Authorized	<u>Raleigh, NC 27614</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

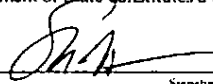
<input type="checkbox"/> Manager	Name: <u>Steve Lochbaum</u>	<input type="checkbox"/> Manager	Name: <u>Isley Legacy Trust</u>
<input checked="" type="checkbox"/> Member	Address: <u>2133 Buckingham Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>12517 Ribbongrass Ct</u>
<input type="checkbox"/> Authorized	<u>Raleigh, NC 27607</u>	<input type="checkbox"/> Authorized	<u>Raleigh, NC 27614</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

<input type="checkbox"/> Manager	Name: <u>Troy Wilkerson</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1774 Benson Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Angier, NC 27501</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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

Steve Lochbaum, CFO  
Typed or printed name of signer

FILED  
JAN 29 PM 3:08



# 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

#### PROFESSIONAL BUILDERS SUPPLY, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 30th day of April, 2003

2020-08-29

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 28th day of August, 2020.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.