M21000003980

(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:

Office Use Only



100363538851

21 APR -7 PH 2: 18

APPRINTED
FILED
2021 APR -7 AH ID: 0-

APR - 7 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE 74,6850 8900A
AUTHORIZATION
COST LIMIT : \$ 130.00
ORDER DATE : April 6, 2021
ORDER TIME : 7:51 PM
ORDER NO. : 746850-005
CUSTOMER NO: 8900A
FOREIGN FILINGS
NAME: MOSHAKOS REAL ESTATE LLC
YYYY OUNITETONETON (EVDE II)
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

COVER LETTER

TO:

Registration Section

Divisi	on of Corporations				
SUBJECT:	MOSHAKOS REAL ESTATE LLC				
	Name o	f Limited Liability Company			
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.			
Please return al	l correspondence concerning this matter to the	he following:			
	CHRIS MOUTOS				
		Name of Person			
	MOSHAKOS REAL ESTATE LLC				
		Firm/Company			
	6510 CHAPEL HILL RD				
Address					
	RALEIGH, NORTH CAROLINA 27607				
	City	State and Zip Code			
	CMOUTOS@LMREST.COM and CMCC/	ABE@LMREST.COM			
	E-mail address: (to be us	ed for future annual report notification)			
For further info	rmation concerning this matter, please call:				
CHRIS	S MOUTOS	919 4141618 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	g Address:	Street Address:			
	tration Section	Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	aassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPAR 5.00 Filing Fee \$\frac{1}{2}\$\$\$ \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate			

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:

MOSHAKOS REAL I	ESTATE LLC Limited Liability Company; must include "Limited	Liability Compai	ny," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate n	ame must include "Limited Liabili	ity Company," "L.L.C," or "L	
NORTH CAROLINA			94585		
(Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, if applicable)		
·	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605 0905, F.S. to determine	egistration.) ne penalty liability)		_	
6510 CHAPEL HILL RD		6510 C	6510 CHAPEL HILL RD		
rect Address of Principal Office)		о. 	(Mailing Address)		
RALEIGH		RALE	IGH		
NORTH CAROLINA 27607		NORT	NORTH CAROLINA 27607		
Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptab	ole)	1.	
Name:	JOSEPH M BALOCCO, JR				
Office Address:	4332 EAST TRADEWINDS AVENUE			* AH 10:	
	LAUDERDALE-BY-THE-SEA	_	33308 Florida		
	(City)	,	(Zip code)	- 5	

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.

(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 manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ILIAS L MOSHAKOS Name: _____ Manager ■ Manager 6510 CHAPEL HILL RD 6510 CHAPEL HILL RD ☐ Member □Member RALEIGH NC 27607 RALEIGH NC 27607 □ Authorized □ Authorized Person Person □Other_____ □Other_____ ☐Other_____ □Other Name: ____ □Manager □Manager □Member Address: □Member Address: _____ □ Authorized ☐ Authorized Person Person Other____ □Other____ □Other_____ □Other____ ☐ Manager Name: □ Manager Name: _____ □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ 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. Chris Moutos

Signature of an authorized person

Typed or printed name of signee

CHRIS MOUTOS



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 ereby certify that

MOSHAKOS REAL ESTATE LLC

is a limited liability company duly formed, and existing under the laws of the State North Carolina, having been formed on 3rd day of August, 2012

I FURTHER certify that, as of the date of this certificate, (i) the said limited ability company is not dissolved under the terms of its articles of organization, (ii) the aid limited liability company's articles of organization are not suspended for failure to emply with the Revenue Act of the State of North Carolina, (iii) that said limited ability company is not administratively dissolved for failure to comply with the rovisions of the North Carolina Limited Liability Company Act, (iv) that this office has of filed any decree of judicial dissolution, articles of dissolution, articles of merger, or ticles 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 6th day of April, 2021.

Elaine I. Marshall

Secretary of State

tification# 109852889-1 Reference# 17210358- Page: 1 of 1 rify this certificate online at https://www.sosnc.gov/verification