

1121000005275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

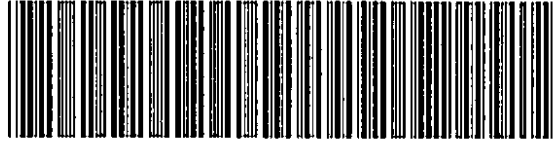
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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CLERK OF STATE
TALLAHASSEE, FLORIDA

11/5/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little River Leasing, 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:

Frank M. Drendel & Sandra O. Walters

Name of Person

Little River Leasing, LLC

Firm/Company

P. O. Box 9212

Address

Hickory, NC 28603

City/State and Zip Code

unekndfrnt@charter.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra O. Walters

704

498-7459

at ()

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

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. Little River Leasing, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. State of North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 56-2101913
(FEI number, if applicable)

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

5. 1100 CommScope Place SE
(Street Address of Principal Office)

6. P. O. Box 9212
(Mailing Address)

Hickory, North Carolina
28602

Hickory, North Carolina
28603

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

Name: Frank M. Drendel

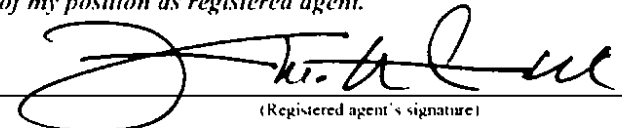
Office Address: 1109 Marine Way East Unit Apartment L1R

North Palm Beach, Florida 33408
(City) (Zip code)

FILED
21 APR 09 PM 2:40
CLERK OF DISTRICT COURT
NORTH PALM BEACH, FLORIDA

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)

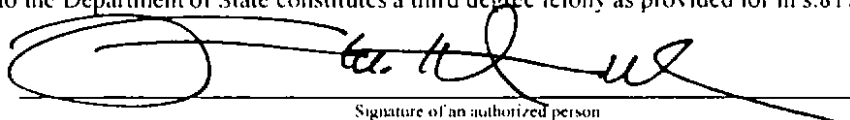
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Frank M. Drendel	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Sandra O. Walters	<input checked="" type="checkbox"/> Authorized	Paul Gustav Pontynen
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

Frank M. Drendel

Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

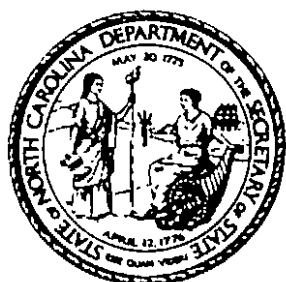
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LITTLE RIVER LEASING, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 2nd day of July, 1998

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 5th day of April, 2021.

Elaine F. Marshall

Secretary of State



North Carolina Department of The Secretary of State

Invoice Number: 17189915

Billing Information

Little River Leasing, LLC
PO Box 9212
Hickory, NC 28603

Contact: Little River Leasing, LLC

Invoice Number: 17189915

Customer Id Number: 200005735

Invoice Date: 4/5/2021

Account Type: Payment upon Delivery

Ship Via: Prepay

Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Existence Little River Leasing, LLC - Limited Liability Company							
1210 0511 435100072	109805631		1	1	\$15.00	\$15.00	Paid
Electronic Transaction Fee							
2120 0502 437993	109807113		1		\$3.00	\$3.00	Paid

Payment Details

Credit Pay-Invoice for \$18.00, Visa Acct XXXXXXXXXXXXXXX4349, TXId: AK0A8CB6C6B5

	1	\$18.00	\$18.00	Payment
				\$0.00

Make check payable to:

NC Secretary of State

Online Payment:

<https://www.sosnc.gov/payinvoice>



Scan to pay online.

Include Invoice Number on all remittance and send to:

Secretary of State
PO Box 29622
Raleigh, NC 27626

For information regarding your filing contact:

Customer Service at (919) 814-5400 or toll free at (888) 246-7636

Notice: To avoid an additional assessment of a one-time 10% late penalty and interest of 5% per annum, as mandated by G.S. 147-86.23, the invoice must be paid in full.

There will be a \$35.00 processing fee for all returned checks and ACH returns.

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online •
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an Amended a Annual Report form

Limited Liability Company

Legal Name

Little River Leasing, LLC

Prev Legal Name

LITTLE RIVER YACHTS, L.L.C.

Information

SosId: 0463686

Status: Current-Active ⓘ

Date Formed: 7/2/1998

Citizenship: Domestic

Annual Report Due Date: April 15th

Registered Agent: Walters, Sandra O.

Addresses

Reg Office

1100 Commscope Pl SE
Hickory, NC 28602

Principal Office

1100 Commscope Place SE
Hickory, NC 28602

Mailing

PO Box 9212
Hickory, NC 28603

Reg Mailing

PO Box 9212
Hickory, NC 28603

Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

Manager

Frank M. Drendel
P.O. Box 9212
Hickory NC 28603-9212