

M22000015019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

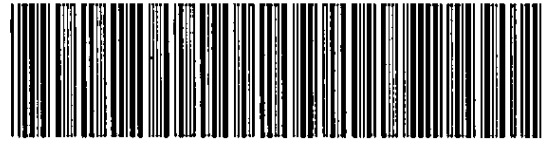
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500394202165

09/23/20--01027--015 ***131.17

FILED
FILED
2022 SEP 23 2:18 PM
SEP 23 2022
CLERK OF COURT
JANET L. HARRIS
TALLAHASSEE, FLORIDA

SEP 27 2022

T. LEI TAY



Erika M. Hubbard
NC Certified Paralegal
ehubbard@bell-davis-pitt.com
• 336 714 4142
• 336 714 4101

Bell-Davis-Pitt
Attorneys and Counselors at Law
WINSTON-SALEM, NORTH CAROLINA
336 722 3700

MAILING ADDRESS
PO Box 21029
Winston-Salem, NC
27120-1029

September 13, 2022

VIA Certified Mail, return receipt requested

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

**RE: Application for Authority for LC Contracting, LLC for authorization to
transact business in Florida as LC Contracting of North Carolina, LLC**

Dear Secretary of State Official:

Please find the application for LC Contracting, LLC to be permitted to conduct business activities in the State of Florida as LC Contracting of North Carolina, LLC.

Also is a check for \$130.00 made payable to Florida Department of State. This will cover the filing fee, our designation of a registered agent, and the certificate of status.

Thank you for your assistance with this matter.

Sincerely,

Bell, Davis & Pitt, P.A.

Erika M. Hubbard

Enclosures: Application
Check #306779 for \$130.00

812769

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LC CONTRACTING OF NORTH CAROLINA, 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:

JOHN A. COCKLEREECE

Name of Person

BELL DAVIS & PITT, P.A.

Firm/Company

P.O. BOX 21029

Address

WINSTON SALEM, NC 27120

City/State and Zip Code

JCOCKLEREECE@BELLDAVISPIIT.COM

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

For further information concerning this matter, please call:

ERIKA HUBBARD

336

714-4142

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. LC CONTRACTING, LLC

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

LC CONTRACTING OF NORTH CAROLINA, 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.")

NORTH CAROLINA

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

3. (FEI number, if applicable)

upon filing

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

1018 Rockford Street

5. (Street Address of Principal Office)

1018 Rockford Street

6. (Mailing Address)

Mount Airy, NC 27030-5236

Mount Airy, NC 27030-5236

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.



(Registered agent's signature)

FILED
2022 SEP 23 PM 3:17
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE

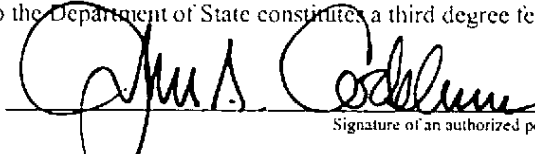
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Alvaro Lara</u>	<input type="checkbox"/> Manager	Name: <u>John A. Cocklereece</u>
<input type="checkbox"/> Member	Address: <u>1018 Rockford Street</u>	<input type="checkbox"/> Member	Address: <u>P.O. Box 21029</u>
<input type="checkbox"/> Authorized	<u>Mount Airy, NC 27030-5236</u>	<input checked="" type="checkbox"/> Authorized	<u>Winston Salem, NC 27101</u>
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

John A. Cocklereece

Typed or printed name of signer



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

LC CONTRACTING, LLC

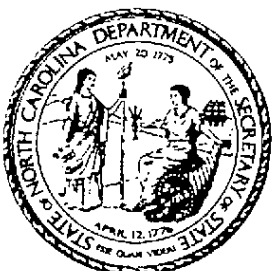
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 28th day of September, 2017

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 9th day of September, 2022.

Elaine F. Marshall

Secretary of State



Scan to verify online.