\*\*please honor original submission date of 1/09/23; fax program wasn't working (confirmation attached)

# lorida Department of State

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To:

Division of Corporations

ax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

#### Foreign Limited Liability Company 2080 INDIAN ROAD LLC

\*\*please honor original submission date of 1/09/23; fax program not working (see attached failed confirm.)

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K. Brumbley

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#### 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:

2080 Indian Road LLC		SHINGER CLASSIFF, Company (** 142, 142, 173, 1721, 1875)	<del>a</del>	
•	mine adopted for the purpose of transacting business	es in Florids. The alternate name must include "Limited Li	iability Company," "LLC," or "LLC,")	
North Carolina 2. (Awards the law of which the law of whi	hick foreign limited liability company is organize	i) (FEI numb	oer, (f spplicable)	
4	(Date lirst insusacted business in Florida, if (See soctions 605.0904 & 605.0905; F.S. to	gride to registration )	<del></del>	
225 Wilshire Ave SW 5. (Street Address of Price pal Office)		225 Wilshire Ave SW 6. (Mailing Address)		
Concord, NC 28025		Concord, NC 28025		
7. Name and street address	g of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	2023 J.	
Name:	Incorporating Services, Ltd.		JAN -9	
Office Address:	1540 Glenway Drive		PH 2:	
	Tallahassee (City)	, 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. On behalf of: Incorporating Services, Ltd.

Amanda Pretambault

DocuSign Envelope ID: EF799284-7DEC-4C5F-9C8D-A958E7CC6986

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Title or Capacity  Manager		Name and Address: Colton	Title or Capacity:  ☐ Manager		Name and Address:
☐ Member	721	Wilshire Ave SW	□Member		
<b>A</b> uthorized	Concord, NO	28025	□Authorized		
Person	<u></u>		Person		
□Other		☐ Other	□Other	<del></del>	☐ Other
∐Маладет	Name:		□Manager	Name:	
□Member	Address:		□Member	Address:	
☐ Authorized			□Authorized		
Person		<del></del>	Person		
□ Other	<del></del>	□Other	□ Other	<del></del>	☐ Other
□Manager	Name:		□Manager	Name:	
☐ Member	Address:		□Member	Address:	
□Authorized			□Authorized		
Person			Person		
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	120	<del></del>			

Typed or printed name of signee



### NORTH CAROLINA

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## 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

#### 2080 INDIAN ROAD LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 6th day of January, 2023

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.

Certification# 114989839-1 Reference# 19317019- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of January, 2023.

Elaine J. Marshall.

Secretary of State