# Florida Department of State Division Cook attraction of State Control Filip Color nee

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	Division of Corporations			
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	Account Name	: CAPITOL SERVICES, INC.		
	Account Numbe	er : I20160000017		
	Phone	: (855)498-5500		
	Fax Number	: (800)432-3622		
		s for this business entity to be used for future ings. Enter only one email address please.**		

## Foreign Limited Liability Company 2061 INDIAN ROAD LLC

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

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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: 2061 Indian Road 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 miss melude "Limited Liability Company," "L.L.C," or "LLC,") North Carolina (Aurabiction under the isw of which foreign limited liability company is organized) (FEI number, if applicable) 225 Wilshire Ave SW 225 Wilshire Ave SW 6. (Mailing Address) (Street Address of Principal Office) Concord, NC 28025 Concord, NC 28025 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorporating Services, Ltd Name: 1540 Glenway Drive Office Address:

Registered agent's acceptance:

Tailahassee

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.

\_, Florida

Amanda Archambault

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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 Capacit	Ý:	Name and Address:
□Manager	Name: Brian Colton	□Manager	Name:	
☐ Member	Address: 225 Wilshire Ave SW	□Member	Address; _	
<b>■</b> Authorized	Concord, NC 28025	□Authorized		
Person		Person		
Other	Other	□Other	·	□Other
				100 m
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		, , , , , , , , , , , , , , , , , , ,
Person		Person		
Other	Other	□Other	<del></del>	Other
□Manager	Name:	☐ Manager	Name:	<u>,</u>
□Member	Address:	□Member	Address:	
□Authorized		[] Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	□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.

Bin Ch		
SPTIMESCRESTISSO.	Signature of an authorized person	
Brian Colton		
	Typed or printed name of signee	· · · ·



## NORTH CAROLINA Department of the Secretary of State

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### CERTIFICATE OF EXISTENCE

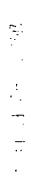
(Limited Liability Company)

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

#### 2061 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.

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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.

Secretary of State