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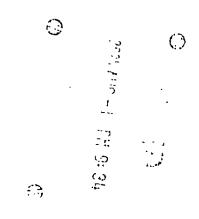
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

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TO:

Bear Property Management, LLC ECT:	
	Name of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certific ove referenced foreign limited liability company to transact business in Fl
return all correspondence concerning this mat	ter to the following:
Ashton Bricker	
- , , , , , , , , , , , , , , , , , , ,	Name of Person
Norris Legal Family Office, LLC	
	Firm/Company
1100 Peachtree Street NE, Suite 6	90
	Address
Atlanta, Georgia 30309	
	City/State and Zip Code
ashton@norris-legal.com	
E-mail address: (to be used for future annual report notification)
rther information concerning this matter, pleas	e call:
Ashton Bricker	404 855-3750 at ()
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

if name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flo	rida. The	alternate name must include "Limited Li-	ability Company,	" "L.IC," or "L	L(`.")
North Carolina		2	27-3198362			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI numb	er, if applicable)		
1 .						
· ·	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration e penalty	i.) liability)			
38 Berrong Drive		6	38 Berrong Drive			
Street Address of Principal Office)		0.	(Mailing Address)			
Hayesville, NC 28904			Hayesville, NC 28904			
				9	- 7 7.43 -12	\odot
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		.5	
Name:	CT Corporation System				ن ت	14
Office Address:	1200 South Pine Island Road			e,	<u>3</u>	
	Plantation		33324 . Florida			
	(City)		(Zip code)			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.	registe	red agent and agree to act i	n this capac	ity. I furth	er agree
	C T Corporation System	Bu	Theresa Buck, Assistant	Secretary		

(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

itle or Capacity:	Name and Address:	<u>Title or Capacit</u>	· · · · · · · · · · · · · · · · · · ·
Manager	Name: Roxann Christle Smith	■Manager	Name: Scott Edward Smith
]Member	Address: 28 Berrong Drive	□Member	Address: 38 Berrong Drive
Authorized	Hayesville, NC 28904	□Authorized	Hayesville, NC 28904
Person		Person	
Other	Other	Other	Other
)Manager	Name:	□Manager	Name:
Member	Address: 1100 Peachtree St NE	□Member	Address:
Authorized	Atlanta, GA 30309	□Authorized	
Person		Person	
]Other	Other	□Other	Other
Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	<u></u>
lOther	Other	□Other	□Other

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

Patrick R. Norris

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

BEAR PROPERTY MANAGEMENT, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 8th day of July, 2024

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 9th day of July, 2024.

Elaine & Marshall

Secretary of State

Certification# 120561590-1 Reference# 21672940- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification