

10/11/24, 3:40 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: kathy@apiprocessing.com

Foreign Limited Liability Company
Firebird Sign Company LLC

Certificate of Status	0
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Corporate Filing Menu

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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:

1. FIREBIRD SIGN COMPANY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NORTH CAROLINA 3. 99-3075313
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 201 KITTY HAWK DRIVE, SUITE 100 6. 201 KITTY HAWK DRIVE, SUITE 100
(Street Address at Principal Office) (Mailing Address)
MORRISVILLE, NC 27560 MORRISVILLE, NC 27560

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

Name: API PROCESSING - LICENSING, INC.
Office Address: 3419 GALT OCEAN DRIVE, SUITE A
FORT LAUDERDALE, Florida 33308
(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)

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: LEE DAWSON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 201 KITTY HAWK DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 100, MORRISVILLE, NC 27560	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other	PRESIDENT	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: JESSIE TAYLOR	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 201 KITTY HAWK DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 100, MORRISVILLE, NC 27560	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other	DIRECTOR OF OPERATIONS	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: PHIL DOTSON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 201 KITTY HAWK DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 100, MORRISVILLE, NC 27560	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other	DIRECTOR OF PROJECT MANAGEMENT	<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.

Lee Dawson

Lee Dawson (Oct 11, 2024 14:23 EDT)

Signature of an authorized person

LEE DAWSON

Typed or printed name of signer

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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

FIREBIRD SIGN COMPANY LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 10th day of May, 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 October, 2024.

Elaine F. Marshall

Secretary of State