

Elaine F. Marshall Secretary

North Carolina

DEPARTMENT OF THE SECRETARY OF STATE

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

CORPORATIONS

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Date: 1/22/2009

an Annual Report

Corporation Names

Name

Name Type

NC Laurel Mountain

Legal

Preserve, LLC

Limited Liability Company Information

SOSID:

0832147

Status:

Withdrawn

Date Formed:

12/19/2003

Citizenship: State of Inc.: Foreign DE

Duration:

Perpetual

Registered Agent

Agent Name:

Secretary of State

Registered Office Address:

2 South Salisbury Street

Juitess. 2 -

Raleigh NC 27601

Registered Mailing

2 South Salisbury Street

Address:

Raleigh NC 27601

Principal Office Address:

1668 Main Street Sarasota FL 34236

Principal Mailing Address:

No Address

EXHIBIT 1

Department of State: Division of Corporations

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

Incorporation 11/19/2003

Date / (mm/dd/yyyy)

Formation Date:

Entity Name:

File Number:

LAUREL MOUNTAIN PRESERVE, LLC

LIMITED

3729857

LIABILITY

COMPANY

Entity Type: GENERAL

(LLC)

Residency:

Entity Kind:

DOMESTIC

State: DE

REGISTERED AGENT INFORMATION

Name:

No registered agent on record.

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like OStatus OStatus,Tax & History Information Submit

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SOSID: 701989
Date Filed: 12/9/2003 2:47:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200334300241

State of North Carolina Department of the Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR LIMITED LIABILITY COMPANY

Pursuant to §57C-7-04 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following: 1. The name of the limited liability company is Laurel Mountain Preserve, LLC and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is __ 2. The state or country under whose laws the limited liability company was formed is: Delaware 3. The date of formation was 11/19/03 ; its period of duration is: Perpetual 4. Principal office information: (Select either a or b.) a. In The limited liability company has a principal office. The street address and county of the principal office of the limited liability company is: Number and Street 1668 Main Street City, State, Zip Code Sarasota, Florida County_Orange The mailing address, if different from the street address, of the principal office of the corporation is: b.

The limited liability company does not have a principal office. 5. The street address and county of the registered office in the State of North Carolina is: Number and Street 327 Hillsborough Street City, State, Zip Code Raleigh, NC 27603 County Wake 6. The mailing address, if different from the street address, of the registered office in the State of North Carolina is: 7. The name of the registered agent in the State of North Carolina is: Corporation Service Company 8. The names, titles, and usual business addresses of the current managers of the limited liability company are: (use attachment if necessary) Name <u>Business Address</u>

(Revised January 2002)

Arthur Nadel

(Form L-09)

1668 Main Street, Sarasota, FL.34236

APPLICATION FOR CERTIFICATE OF AUTHORITY Page 2

| Attached is a certificate of existence (or document of sim having custody of limited liability company records in t than six months old. A photocopy of the certification ca | ilar import), duly authenticated by the secretary of state or other official the state or country of formation. The Certificate of Existence must be less innot be accepted. |
|--|--|
| If the limited liability company is required to use a fictit of its managers adopting the fictitious name is attached | tious name in order to transact business in this State, a copy of the resolution. |
| This application will be effective upon filing, unless a d | elayed date and/or time is specified: |
| This the Hay of December , 2003 | |
| | |
| | Laurel Mountain Preserve, LLC |
| | Name of Limited Liability Company MMLLL LAD Signature of Manager |
| | Arthur Nadel Type or Print Name |
| | Type of I time Name |

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAUREL MOUNTAIN PRESERVE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAUREL MOUNTAIN PRESERVE, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson
Harriet Smith Windson, Secretary of State

Tarriet Siniti Willosof, Secretary of State

AUTHENTICATION: 2790451

DATE: 12-05-03

3729857 8300

030781849

State of North Carolina Department of the Secretary of State

SOSID: 832147
Date Filed: 3/3/2006 12:40:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200604000209

APPLICATION FOR CERTIFICATE OF WITHDRAWAL OF LIMITED LIABILITY COMPANY

Pursuant to §57C-7-11 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies to the Secretary of State for a Certificate of Withdrawal and for that purpose submits the following statement.

| ۱. | The name of the foreign limited liability company is: Laurel Mountain Preserve, LLC | |
|----|---|--|
| 2. | The limited liability company is formed under the laws of: Delaware | |
| 3. | The limited liability company is not transacting business in the State of North Carolina and surrenders its authority to transact business in this State. | |
| 4. | process in any action or proceeding based upon any cause of action arising in the State of North Carolina, or arising out of business transacted in North Carolina, during the time the limited liability company was authorized to transact business in North Carolina may hereafter be made on such limited liability company by service thereof on the Secretary of State. | |
| 5. | The mailing address to which the Secretary of State may mail a copy of any process served on him pursuant to the paragraph above is: C/O: Arthur Nadel Address: 131 Garren Creek Rd. City, State, Zip Code: Fairview, NC 28730 | |
| 6. | The limited liability company will file a statement of any subsequent change in its mailing address with the North Carolina Secretary of State. | |
| 7. | This application will be effective upon filing, unless a date and/or time is specified: | |
| Th | is the 27 - day of January , 2006 | |
| | Name of Limited Liability Company Member/Manager Signature Arthur Nadel, Member/Manager Type or Print Name and Title | |

Notes:

1. Filing fee is \$10. This application must be filed with the Secretary of State.