

State of North Carolina
Department of the Secretary of State

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Elaine F. Marshall
North Carolina Secretary of State
C2020 048 00599

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 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 Coppola Brothers 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 Coppola Brothers LLC.

2. The state or country under whose laws the limited liability company was formed is New Jersey.

3. Principal office information: (Select either a or b.)

a. The limited liability company has a principal office.

The principal office telephone number: (908) 391-8809

The street address and county of the principal office of the limited liability company is:

Number and Street: 1630 Route 31

City: Clinton State: NJ Zip Code: 08809 County: Hunterdon

The mailing address, *if different from the street address*, of the principal office of the corporation is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: Chad Montalvo

5. The street address and county of the registered agent's office in the State of North Carolina is:

Number and Street: 11 Cirrus Drive

City: Clayton State: NC Zip Code: 27520 County: Johnston County

6. The North Carolina mailing address, *if different from the street address*, of the registered agent's office in the State of North Carolina is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

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7. The names, titles, and usual business addresses of the current company officials of the limited liability company are: (use attachment if necessary) (This document must be signed by a person listed in item 7.)

Name and Title

Business Address

Frank R. Coppola III (owner) 1630 Route 31, Clinton, NJ 08809

8. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.

9. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.

10. (Optional): Please provide a business e-mail address

Privacy Redaction

The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

11. This application will be effective upon filing, unless a delayed date and/or time is specified:

This the 16 day of December, 2020

Coppola Brothers LLC

Name of Limited Liability Company

Signature of Company Official

Owner, FRANK R COPPOLA III

Type or Print Name and Title

Notes:

1. Filing fee is \$250. This document must be filed with the Secretary of State.

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

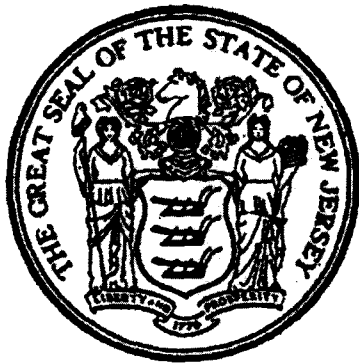
**COPPOLA BROTHERS LLC
0400084946**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 07, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**FRANK R COPPOLA III
1630 ROUTE 31
CLINTON, NJ 08809**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
5th day of February, 2020*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6104720085

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp