



State of New Hampshire  
Department of State  
Corporation Division Room 204  
107 North Main Street  
Concord, N.H. 03301-4989  
603-271-3244



Reinstatement of Charter

1. I, the undersigned, have been authorized and directed, on behalf of

**Stay Left Investments, LLC**

to request reinstatement by the payment of fees in arrears plus a reinstatement fee of \$135.00 and the filing with the Secretary of State of annual reports and any other forms with fees required by law. The date of the dissolution was August 30, 2013. (Note 1)

\*\*\*\*\*

2. **OMIT THIS SECTION IF NOT APPLICABLE AND COMPLETE SECTION 3.**

(Complete this section ONLY if the name at time of reinstatement is not available. The entity name is protected for 120 days after the date of dissolution. Name must be checked for availability after 120 days.) (Note 2)

I further certify that since the name is no longer available, the name as amended will be \_\_\_\_\_

The name or proposed name satisfies the requirements of the Revised Statutes Annotated.

\*\*\*\*\*

3. Dated August 1, 2016

By [Signature] (Note 3)  
Signature

Robert Lee Harrell III  
Print or type name

Member  
Title

BIN: 632826

Note 1: If this application is filed with the Office of the Secretary of State MORE THAN 120 DAYS AFTER THE DATE OF DISSOLUTION, a TAX STATEMENT OF GOOD STANDING from the In-State Bureau, Audit Division, Department of Revenue Administration, PO Box 457, Concord, NH 03301-0457, must be submitted with this application. The fee for the tax statement of good standing, payable to the Department of Revenue Administration, is \$30.00.

Note 2: If the entity name has changed, there will be an additional \$35.00 filing fee due with this application.

Note 3: Signature and title of person the Revised Statutes Annotat

State of New Hampshire  
Reinstatement Package 7 Page(s)

the entity as required by



T1621755028



# State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Stay Left Investments, LLC  
750 Central Ave Ste 1  
Dover, NH 03820

ADDRESS OF PRINCIPAL OFFICE:

750 Central Avenue Suite 1  
Dover, NH 03820

REGISTERED AGENT AND OFFICE:

National Registered Agents, Inc.  
63 Pleasant Street  
Concord, NH 03301

ENTITY TYPE: LLC  
BUSINESS ID: 632826  
STATE OF DOMICILE: NEW HAMPSHIRE

renting and leasing of real estate

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address 64 Austin St #2 Portsmouth NH 03801  
 The new principal office address same as above  
PO Box is acceptable.

MANAGERS

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME Robert Lee Harrell III  
STREET 64 Austin St #2  
CITY/STATE/ZIP PORTSMOUTH NH 03801  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

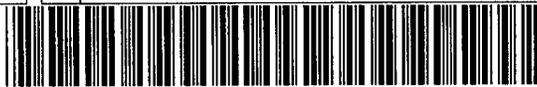
Please print name and title of signer:

Robert Lee Harrell III, member  
NAME TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):

stayleftinvestments@603@gmail.com



063282620121508

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301



# State of New Hampshire 2013 ANNUAL REPORT

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CITY/STATE/ZIP .....

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**MEMBERS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME Robert Lee Hamell

STREET 64 Austin St #2

CITY/STATE/ZIP PORTSMOUTH, NH 03801

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

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CITY/STATE/ZIP .....

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I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

Robert Lee Hamell III

TITLE

member

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):

stayleftinvestments603@gmail.com



063282620131509

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# State of New Hampshire 2014 ANNUAL REPORT

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NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME Robert Lee Harrell III

STREET 64 Austin St #2

CITY/STATE/ZIP PORTSMOUTH NH 03801

NAME .....

STREET .....

CITY/STATE/ZIP .....

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I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: [Signature]

Please print name and title of signer:

NAME

Robert Lee Harrell III, member

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

stayleftinvestments603@gmail.com



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# State of New Hampshire 2015 ANNUAL REPORT

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BUSINESS ID: 632826

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NAME Robert Lee Harrell III

STREET 69 Austin St #2

CITY/STATE/ZIP Portsmouth NH 03801

NAME .....

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Sign here: [Signature]

Please print name and title of signer:

Robert Lee Harrell III, member

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): stayleftinvestments603@gmail.com



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# State of New Hampshire 2016 ANNUAL REPORT

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MEMBERS

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MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME Robert Lee Harrell III

STREET 64 Austin St #2

CITY/STATE/ZIP PORTSMOUTH, NH 03801

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

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NAME .....

STREET .....

CITY/STATE/ZIP .....

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Sign here:

Please print name and title of signer:

NAME

Robert Lee Harrell III

TITLE

member

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

stayleftinvestments603@gmail.com



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**State of New Hampshire  
Department of Revenue Administration**

109 Pleasant Street  
PO Box 3306, Concord, NH 03302-3306  
Telephone (603) 230-5920  
www.nh.gov/revenue



CENTRAL TAX SERVICES

Diane Dawson  
Manager

John T. Beardmore  
Commissioner

Lindsey M. Stepp  
Assistant Commissioner

July 14, 2016

ATTN DENISE ATZEL  
STAY LEFT INVESTMENTS LLC  
64 AUSTIN ST #2  
PORTSMOUTH NH 03801

RE: Request for Statement of Good Standing  
Taxpayer ID: XX-XXX9646

Dear Sir or Madam:

Before April 1, 2016, the Department of Revenue Administration received your request for a tax clearance certificate for the above-named entity.

After reviewing the business organization's records, the Commissioner determines that, as of the date of this letter, no returns, tax, additions to tax, interest, or penalties for taxes administered by the department are due and unpaid.

The Commissioner's determination is not the result of an audit and issuance of this statement does not preclude audit of the business organization and its returns for any open period.

This document is not valid for the purposes of a business organization withdrawal or dissolution.

Sincerely,

Victoria L. Crowe  
Assistant Manager  
Central Tax Services

AZB

TDD Access: Relay NH 1-800-735-2964

Individuals who need auxiliary aids for effective communication in programs and services of the Department of Revenue Administration are invited to make their needs and preferences known to the Department.