



on behalf of NC Bioremediation.

5. None the less, NC Bioremediation has ratified several actions that Mr. Mauney took on behalf of NC Bioremediation, although the company contends he lacked the authority to perform them, including:
  - a. The engagement of Bratcher Adams, PLLC to represent NC Bioremediation;
  - b. The reinstatement of NC Bioremediation with the Secretary of State; and
  - c. The filing of this lawsuit, NC BIOREMEDIATION, LLC v. SEA WINDS, LLC; SEA WINDS 2, LLC; SEA WINDS 3, LLC, SEA WINDS 4, LLC; SEA WINDS 5, LLC; SEA WINDS 6, LLC; SEA WINDS 7, LLC; SEA WINDS 8, LLC; RANDY M. SAUNDERS; FREDERICK D. SUTER; RACHEL N. POWELL; MARGRET P. BLAKELY, 15 CVS 07.
6. NC Bioremediation holds a 20 percent ownership interest in the Sea Winds entities named as defendants in this action.
7. No distributions have been made to NC Bioremediation for its interest in the Sea Winds entities.
8. I have read the complaint in this matter, 15 CVS 07, and believe its allegations against Sea Winds to be true to my own knowledge, except as to matters stated upon information and belief, and as to those matters I believe them to be true, and except to the location of the principal office of NC Bioremediation, listed in paragraph 1. The address of the principal office is 1703 Harbour View Drive, Kill Devil Hills, NC 27948.
9. Notwithstanding the dispute over Mr. Mauney's membership and authority to act on behalf of NC Bioremediation, this action was commenced to benefit NC Bioremediation, and it is the company's position that it should continue.

10. I unequivocally deny any allegations that I embezzled money from Sea Winds L.L.C. or any defendants in this action.
11. I have read the Notice of Designation filed on behalf of NC Bioremediation in this action and its representations fairly and accurately describe the nature of the case.
12. My signature appears on "Defendants' Exhibit 2" to Defendant's Motion for Summary Judgment, previously attached to Defendants' Motion to Object to the Designation of this Matter as a Complex Business Court Case. I signed on behalf of NC Bioremediation, LLC. The Operating Agreement/Joint Venture Agreement applies solely to the operations of Sea Winds, LLC and the various Sea Winds entities named as Defendants, rather than the internal operations of NC Bioremediation.
13. The filing of the two Lis Pendens in this action is aimed at protecting the rights of NC Bioremediation.
14. I have directed Bratcher Adams, PLLC to seek to amend the complaint in this action to further clarify the facts and allegations contained therein.
15. NC Bioremediation is seeking damages in excess of \$25,000 in this action.

So Sayeth the Affiant.

This is the 20<sup>th</sup> day of August, 2015

  
James L. Overton, Sr., manager of NC Bioremediation, LLC

State of North Carolina

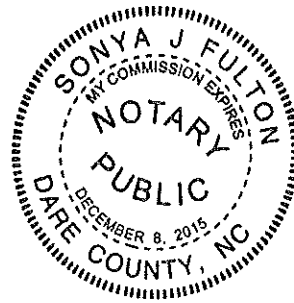
County of Dare

VERIFICATION

I certify that James L. Overton, Sr. personally appeared before me and upon oath and affirmation subscribed to and executed the foregoing Affidavit.

This is the 26<sup>th</sup> day of Aug, 2015

Sonya J. Fulton  
Notary Public



My Commission Expires 12/8/15

# EXHIBIT A

SOSID: 0584794  
Date Filed: 3/19/2001 12:25 PM  
Elaine F. Marshall  
North Carolina Secretary of State

## State of North Carolina Department of the Secretary of State

### Limited Liability Company ARTICLES OF ORGANIZATION

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: NC BIOREMEDIATION LLC
2. If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: *(If no date for dissolution is specified, there shall be no limit on the duration of the limited liability company.)* \_\_\_\_\_
3. The name and address of each person executing these articles of organization is as follows: *(State whether each person is executing these articles of organization in the capacity of a member, organizer or both).*

John A. Mauney PA  
2224 South Croatan Highway No. 9  
Nags Head, NC 27959

This person is executing these articles as ORGANIZER

4. The street address and county of the initial registered office of the limited liability company is:

Number and Street 2224 South Croatan Highway No. 9

City, State, Zip Code Nags Head, NC 27959 County: DARE

5. The mailing address *if different from the street address* of the initial registered office is:
6. The name of the initial registered agent is: John A. Mauney
7. Check one of the following:

\_\_\_\_ (i) **Member-managed LLC**: all members by virtue of their status as members shall be managers of this limited liability company.

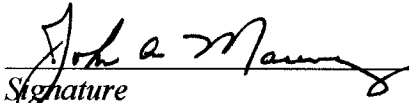
(ii) **Manager-managed LLC**: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

8. Any other provisions which the limited liability company elects to include are attached.

9. These articles will be effective upon filing, unless a date and/or time is specified:

\_\_\_\_\_

This is the 14th day of March, 2001.

\_\_\_\_\_  
  
Signature

John A. Mauney, Organizer  
*Type or Print Name and Title*

**NOTES:**

1. Filing fee is \$125. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

*(Revised January 2000)*  
CORPORATIONS DIVISION

P.O. Box 29622

*(Form L-01)*  
RALEIGH, NC 27626-0622

## EXHIBIT B

State of North Carolina  
Department of the Secretary of State

## ARTICLES OF CORRECTION

Pursuant to §55D-14 of the General Statutes of North Carolina, the undersigned entity hereby submits these Articles of Correction for the purpose of correcting a document filed by the Secretary of State.

1. The name of the entity is: NC Bioremediation, LLC
2. The type of business entity is:  Domestic Corporation,  Foreign Corporation,  
 Domestic Nonprofit Corporation,  Foreign Nonprofit Corporation,  
 Domestic Limited Liability Company,  Foreign Limited Liability Company  
 Domestic Limited Partnership,  Foreign Limited Partnership  
 Domestic Limited Liability Partnership,  Foreign Limited Liability Partnership.
3. On the 30<sup>th</sup> day of January, 2015, the business entity filed:
  - a. The following described document: Application for reinstatement & 4 annual reports
  - OR-
  - b. The attached document (Check here  if applicable).
4. This document was incorrect in the following manner (specify the incorrect statement and the reason it is incorrect or the manner in which the execution was defective):  
John A. Mauney is not a member or manager of NC Bioremediation LLC and was not authorized by any member or manager of NC Bioremediation LLC to execute the LLC
5. The incorrect matters stated in Item 4 above should be revised as follows or the corrected document may be attached:  
corrected documents attached

This the 30<sup>th</sup> day of June, 2015

NC Bioremediation, LLC

Name of Entity

[Signature]

Signature

James L. Everton, Sr. Manager

Type or Print Name and Title

## NOTES:

1. Filing fee is \$10. This document must be filed with the Secretary of State.
2. For effective date of these Articles of Correction, see N.C.G.S. §55D-14.

*State of North Carolina  
Department of the Secretary of State*

**APPLICATION FOR REINSTATEMENT FOLLOWING ADMINISTRATIVE DISSOLUTION OF  
LIMITED LIABILITY COMPANY**

Pursuant to §57D-6-06(c) of the North Carolina General Statutes, the undersigned limited liability company hereby submits this Application for Reinstatement Following Administrative Dissolution:

1. The name of the applicant limited liability company is: NC Bioremediation LLC.
2. The effective date of the administrative dissolution of the applicant limited liability company was: 02/28/2013.
3. The ground or grounds for administrative dissolution of the applicant limited liability company as stated in its Certificate of Dissolution was or were: Failure to file annual reports.
4. Complete either (a) or (b) as appropriate:
  - (a) The grounds stated above for the administrative dissolution of the applicant Limited Liability Company did not exist.  
(Insert brief explanation.) \_\_\_\_\_  
\_\_\_\_\_
  - (b) The grounds stated above for the administrative dissolution of the applicant Limited Liability Company have been eliminated. (Insert brief explanation.) Outstanding Annual Reports filed and Fees paid.
5. Enclosed is a fee of \$100.00 as required by §57D-1-22(18) of the North Carolina General Statutes.  
This the 3rd day of June, 2015.

**NC Bioremediation LLC**

Name of Limited Liability Company

Signature

**James L. Overton, Sr., Manager**

Type or Print Name and Title

Notes:

1. Filing fee for this Application for Reinstatement is \$100.00, payable by check made to the order of the Secretary of State.
2. This Application must be filed with the Secretary of State.





# LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: NC Bioremediation LLC

SECRETARY OF STATE ID NUMBER: 0584794 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2011

Filing Office Use Only
<input checked="" type="checkbox"/> Changes

### SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: James L. Overton, Sr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

1703 Harbour View Drive

Kill Devil Hills, NC 27948 Dare

4. REGISTERED OFFICE MAILING ADDRESS

1703 Harbour View Drive

Kill Devil Hills, NC 27948

### SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: real estate investment

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 441-9239

3. PRINCIPAL OFFICE EMAIL: \_\_\_\_\_

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

1703 Harbour View Drive

Kill Devil Hills, NC 27948 Dare

5. PRINCIPAL OFFICE MAILING ADDRESS

PO Box 3989

Kill Devil Hills, NC 27948

### SECTION C: COMPANY OFFICIALS/ORGANIZERS (Enter additional Company Officials/Organizers in Section E.)

NAME: James L. Overton, Sr. NAME: \_\_\_\_\_ NAME: \_\_\_\_\_


TITLE: Manager TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

1703 Harbour View Drive

Kill Devil Hills, NC 27948

### SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

 \_\_\_\_\_ 6-3-15 \_\_\_\_\_  
SIGNATURE DATE

Form must be signed by a Company Official/Organizer listed under Section C of this form.

James L. Overton, Sr. \_\_\_\_\_ Manager \_\_\_\_\_  
Print or Type Name of Company Official/Organizer TITLE

**SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200.00.**

MAIL TO: Secretary of State, Corporations Division, Post Office Box 29525, Raleigh, NC 27626-0525





# LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: NC Bioremediation LLC

SECRETARY OF STATE ID NUMBER: 0584794 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2012

Filing Office Use Only

Changes

### SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: James L. Overton, Sr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY	4. REGISTERED OFFICE MAILING ADDRESS
<u>1703 Harbour View Drive</u>	<u>1703 Harbour View Drive</u>
<u>Kill Devil Hills, NC 27948 Dare</u>	<u>Kill Devil Hills, NC 27948</u>

### SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: real estate investment

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 441-9239 3. PRINCIPAL OFFICE EMAIL: \_\_\_\_\_

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>1703 Harbour View Drive</u>	<u>PO Box 3989</u>
<u>Kill Devil Hills, NC 27948 Dare</u>	<u>Kill Devil Hills, NC 27948</u>

### SECTION C: COMPANY OFFICIALS/ORGANIZERS (Enter additional Company Officials/Organizers in Section E.)

NAME: <u>James L. Overton, Sr.</u>	NAME: _____	NAME: _____
TITLE: <u>Manager</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>1703 Harbour View Drive</u>	_____	_____
<u>Kill Devil Hills, NC 27948</u>	_____	_____

### SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

6-3-15

SIGNATURE DATE

Form must be signed by a Company Official/Organizer listed under Section C of this form.

James L. Overton, Sr. Manager

Print or Type Name of Company Official/Organizer TITLE





# LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: NC Bioremediation LLC

SECRETARY OF STATE ID NUMBER: 0584794 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2013

Filing Office Use Only
<input checked="" type="checkbox"/> Changes

## SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: James L. Overton, Sr.

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

1703 Harbour View Drive

Kill Devil Hills, NC 27948 Dare

4. REGISTERED OFFICE MAILING ADDRESS

1703 Harbour View Drive

Kill Devil Hills, NC 27948

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: real estate investment

2. PRINCIPAL OFFICE PHONE NUMBER: (252) 441-9239

3. PRINCIPAL OFFICE EMAIL: \_\_\_\_\_

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

1703 Harbour View Drive

Kill Devil Hills, NC 27948 Dare

5. PRINCIPAL OFFICE MAILING ADDRESS

PO Box 3989

Kill Devil Hills, NC 27948

## SECTION C: COMPANY OFFICIALS/ORGANIZERS (Enter additional Company Officials/Organizers in Section E.)

NAME: James L. Overton, Sr.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: Manager

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1703 Harbour View Drive

Kill Devil Hills, NC 27948

## SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

SIGNATURE

6-3-15  
DATE

Form must be signed by a Company Official/Organizer listed under Section C of this form.

James L. Overton Sr.

Print or Type Name of Company Official/Organizer

Manager  
TITLE

**SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200.00.**  
MAIL TO: Secretary of State, Corporations Division, Post Office Box 29525, Raleigh, NC 27626-0525

