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SECRETARY OF STATE

J. HARRIS

COVER LETTER

то:	Registration Section Division of Corporation	s		,		
SUBJE	CCT: Locuwoo	Name of I	يمك حييم Limited Liability C	SU LTING Company	G, LLC.	
		eign Limited Liability Comp I to register the above refere				
Please	return all correspondence c	oncerning this matter to the	following:			
	Rass	DON PAUL LOC No	ame of Person			
	Locker	CONTRACTING	S AND COM rm/Company	VSULTIA	VG, LLC	
	<u>467</u> C	one Howell Rd	Suite 109 Address	8		_
	Mait	and, FL 3275 City/St	ate and Zip Code		· · · · · · · · · · · · · · · · · · ·	
	brank	E-mail address: (to be used	for future annual	report notif	ication)	_
For furt	her information concerning	this matter, please call:				
	Scandon La Name o	Contact Person	at (<u>8/3</u> Area Code) <u>400</u> Dayti	o · 95/8/ me Telephone Numbe	<u></u>
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bui 2661 Execu		
Enclose	d is a check for the followi	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee &	\$160.00 Filing Fee, of Status & Certified C	, Certificate Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT BUSINE 1. Lockwood		ORIDA;				ED LIABIL
(Name of Foreign	Limited Liability Company	y; must include "Lim	ited Liability Compan	y," "L.L.C.," or "	'LLC.'')	
(If name unavailable, enter alternational Liability Company," "L.L.C," or		urpose of transacting	business in Florida. T	he alternate name	e must include '	Limited
2. Louisville, KY (Jurisdiction under the law of w company is organized)		3	47-353	4074		·····
(Jurisdiction under the law of w company is organized)	hich foreign limited liabili	ity	(FEI numb	er, if applicable)		
4. 07/09/15						
	(Date first transacted by (See sections 605.0904 &	business in Florida, if & 605.0905, F.S. to d	prior to registration.) etermine penalty liabi	lity)		
5. 467 Lake	e Howell Rd	suite 10	3			
Maitland	FL 3275	ss of Principal Office	·)			
6 467 lake	Hovell Rol	suite 108				
Maithand	7, FL 32 (Ma	75 /			15 Ja	
						<u> </u>
7. Name and street address of			_acceptable)		$\mathcal{L}_{\mathbb{R}^{2}}^{\mathbb{R}^{2}}$	[
Name:	Brandon Loca	ythworth To	Errace		AM IO: 1/2 Or STATE E. FLORID	Ö
Office Address:	12 to 1	the state of the s	5-4-1-8	マルグラ		
,	Port St. Lucia	j, 350 2	, Florida	2442 2		
	(Cit		, 1101100	(Zip code)		
Registered agent's acceptance Having been named as registe this application, I hereby acce with the provisions of all state the obligations of my position	ered agent and to accep ept the appointment as u utes relative to the prop	registered agent ar	nd agree to act in th	is capacity. I fi	urther agree to	comply
	Standon	Lochwood				
	(F	Registered agent's sig	mature)			
8. The name, title or capacity						
Brandon Paul	Lockwood -	sole own	res			
467 Lake	Lockwood - Hovell Rd s.	11te 108	Ma, Hand, FC	3275,		
9. Attached is a certificate of e jurisdiction under the law of w of the translator must be submi	hich it is organized. (If	the certificate is in	a foreign language,	a translation of		
This document is executed in a					false informati	ion
submitted in a document to the						

Brandon Port Lockewood
Typed or printed name of signee

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 165731

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LOCKWOOD CONTRACTING AND CONSULTING, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 12, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of July 2015, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

165731/0916459