

# M1900002099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

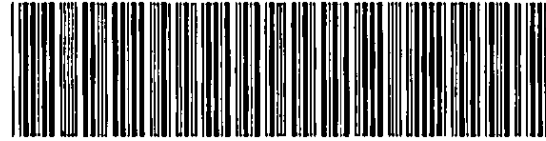
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB 19 A 10:20

2/19/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Managed Rentals LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida

Please return all correspondence concerning this matter to the following

Jeana Harston

\_\_\_\_\_  
Name of Person

Managed Rentals LLC

\_\_\_\_\_  
Firm/Company

2236 Chamblee Lane

\_\_\_\_\_  
Address

Lexington, KY 40513

\_\_\_\_\_  
City/State and Zip Code

Chad\_Harston@hotmail.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Jeana Harston

859

940-0557

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount

Please make check payable to FLORIDA DEPARTMENT OF STATE

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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2019 FEB 19 A 10:24  
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1 Managed Rentals LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2 Georgia

3 46-2871417

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4 \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5 2236 Chamblee Lane

6. 2236 Chamblee Lane

(Street Address of Principal Office)

(Mailing Address)

Lexington, KY 40513

Lexington, KY 40513

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name Registered Agents Inc.

Office Address 7901 4th St N STE 300

St Petersburg, Florida 33702  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Bill Hume  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name <u>Jeana Harston</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address <u>2236 Chamblee Lane</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>Lexington, KY 40513</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name <u>Tapio Trust</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address <u>459 McCracken Pike</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>Versailles, KY 40383</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name <u>The Harston Family Trust</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address <u>12543 Forge Way</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>Draper, UT 84020</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 317.155, F.S.

Jeana Harston  
Signature of an authorized person

Jeana Harston as managing member of Managed Rentals LLC

Typed or printed name of signer

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2019 FEB 19 A 10:24

Control Number : 13156306

**STATE OF GEORGIA****Secretary of State**

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

**CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Managed Rentals LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16694548  
Date Inc/Auth/Filed: 02/01/2013  
Jurisdiction : Georgia  
Print Date : 02/14/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State