

BI 20000000247

(Requestor's Name)

(Address)

(Address)

LP-840

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

NOV - 5 2012

EXAMINER



100236907371

FILED
12 OCT 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/05/12--01002--023 **840.00

06/28/12--01021--010 **160.00

W/2000035273
Can't use limited
Partnership in name



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2012

LARRY MCVAY
729 E. MAIN STREET
LEXINGTON, KY 40502

SUBJECT: KY MCVAY FAMILY LIMITED PARTNERSHIP LLC
Ref. Number: W12000035273

We have received your document for KY MCVAY FAMILY LIMITED PARTNERSHIP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "Limited Partnership." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 812A00017898



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2012

LARRY MCVAY
LOT 69 LAKE KISSIMMEE MHP
LAKE WALES, FL 33898

SUBJECT: KY MCVAY FAMILY LIMITED PARTNERSHIP LLC
Ref. Number: W12000035273

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 112A00020681

*Larry MCVAY
859 266-9224*

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12 OCT 25 PM 4:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN
MARK G. TURNER
BRIAN J. KNOWLES

JACK STRAUGHN
(1925-2000)

October 23, 2012

FILED
12 OCT 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
ATTN: BUCK KOHR- Personal & Confidential
Post Office Box 6327
Tallahassee, Florida 32314

RE: KY MCVAY FAMILY LIMITED PARTNERSHIP,
a Kentucky limited partnership- register to do business in Florida
Our File No.: 11024/0003

Dear Mr. Kohr:

Pursuant to your recent telephone conversation with my assistant, please find enclosed the following originals, incident to the above matter:

1. Certificate of Existence of KY McVay Family Limited Partnership, issued by the State of Kentucky;
2. Application By Foreign Limited Partnership or Limited Liability Limited Partnership to Transact Business in Florida, which has been signed by the General Partner of the Kentucky partnership; and
3. My client's check made payable to the Florida Department of State, in the total amount of \$840.00, which represents the filing fee of \$1,000.00, less the filing fee previously paid by my client incident to a rejected filing of KY McVay Family Limited Partnership, LLC, Document #: W12000035273, which I understand that you are currently holding.

Please note that my client desired to abandon the rejected filing of KY McVay Family Limited Partnership, LLC, as Document #: W12000035273, and desires to apply the filing fee associated with that filing towards the filing fee for the above Application.

Lastly, please utilize the following E-mail address of Shirley McVay Wiseman, for all future annual report notifications:

kybuilder1@yahoo.com

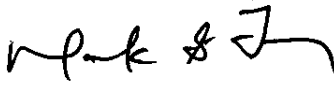
Florida Department of State
Division of Corporations
ATTN: BUCK KOHR- Personal & Confidential
October 23, 2012
Page 2

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12 OCT 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you for your kind and prompt attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.



MARK G. TURNER

MGT/djb

enclosures

cc: Shirley McVay

lakekissimmee\hp glisson\letter\fladep\partnership

COVER LETTER

FILED
12 OCT 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: KY McVay Family Limited Partnership

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:

Larry McVay

Name of Person

McVay Group

Firm/Company

729 E Main St

Address

Lexington, Kentucky 40502

City/State and Zip Code

macl01@yahoo.com

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

For further information concerning this matter, please call:

Larry McVay

Name of Person

at (859) 266 9224

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. KY MCVAY FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Kentucky

State or Country of Formation

3. 03/23/2009

Date of Formation

4. Federal Employer Identification Number: 46-1222530

5. Name of Registered Agent for Service of Process and Florida Street Address:

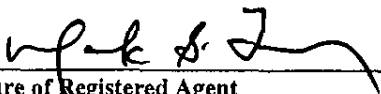
Mark G. Turner

255 Magnolia Avenue, SW

Winter Haven, Florida 33880

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. 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.



Signature of Registered Agent

7. Principal Office:

729 East Main Street

Lexington, Kentucky 40502

8. Mailing Address:

Attn: Shirley Wiseman

395 Redding Road #20

Lexington, Kentucky 40517

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Shirley Wiseman

Name of General Partner: Shirley Wiseman, Trustee, Shirley Wiseman Revocable Trust

Street Address: 395 Redding Road #20
Lexington, Kentucky 40517

Street Address: 395 Redding Road #20
Lexington, Kentucky 40517

Mailing Address: 395 Redding Road #20
Lexington, Kentucky 40517

Mailing Address: 395 Redding Road #20
Lexington, Kentucky 40517

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

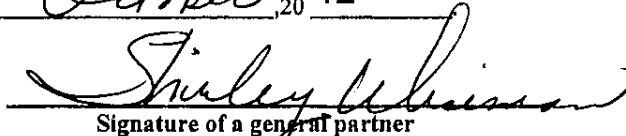
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 19th day of October, 2012


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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: 127355

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,

KY MCVAY FAMILY LIMITED PARTNERSHIP

is a limited partnership duly formed and existing under KRS Chapter 14A and KRS Chapter 362.2, whose date of formation is March 23, 2009 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 a certificate of cancellation has 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 27th day of June, 2012, in the 221st year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
127355/0726081