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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2016

WALER OBROCHTA 145 MARY LEE ST ELIZABETOWN, KY 42701

SUBJECT: LDS INVESTMENTS, INC.

Ref. Number: W16000053478

We have received your document for LDS INVESTMENTS, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L11000013495.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 516A00020736

0CT -7 PH 3:

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: LDS INVESTMENTS INC
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
WALTER OBROCHTA Name of Person
Name of Person
LDS INVESTMENTS INC
Firm/Company
145 mary lee ST Address Address
Address S 7
Ectgahethtown Ky 4270/ City/State and Zip code
City/State and Zip code
reddog ODY OYAHOO, COM E mell address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WALTER OBRUCHTA at (270) 304/409
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. LDS INVESTMENTS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") LDS PROPRETZES, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) State or country under the law of which it is incorporated)

(FEI number, if applicable) 3 oct 200 / 5.

(Date of incorporation) (Date of duration, if other than perpetual) APPR 2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) MANY See ST Etazalethtown (by 4270)
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: _____ Address: _____ **B. OFFICERS** alleth town Ky 42701 Secretary: Treasurer: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Matteralicoute Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

(Typed or printed name and capacity of person signing application)

13. WALTER OBROCHER PRESIDENT

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: 178319

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,

LDS:INVESTMENTS; INC

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 3, 200 and whose period of duration is perpetual.

I further certify that all fees and penalities 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 8th day of July 2016, in the 225th year of the

Commonwealth.

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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