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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

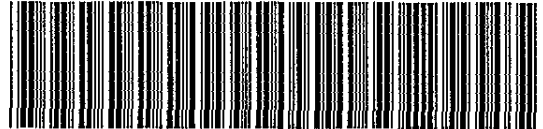
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Special Instructions to Filing Officer:

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01/15/03--01092--005 \*\*125.00

*Jammi e Hall* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *#56*  
DATE *1-16-03*  
DOC. EXAM *M80*

Workman & Sons Plumbing, LLC  
PO Box 4129  
Ashland, KY 41105

Florida Dept of State  
Registration Section  
Division of Corporations  
409 E Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed you will find our application for authorization to transact business in your state as a foreign liability company. We have applied for a master's plumber's license in your state. The department of business and professional regulations will not process our application until we have been established as a company in Florida.

Time is of the essence pertaining to this matter as we have been asked to do a job, but cannot begin until all requirements have been met.

Enclosed you will find a UPS airbill to expedite the return. Anything that can be done to help our situation would be appreciated. If you need further information, please contact my office at 877-977-9531.

Sincerely



Tammie Hall  
Office

/th

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Workman & Sons Plumbing, L.L.C.  
(Name of foreign limited liability company)
2. Kentucky  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 61-1150415  
(FEI number, if applicable)
4. 12/99  
(Date of Organization)
5. 2004  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3555 Workman Rd PO Box 4129  
Ashland, KY 41102 Ashland, KY 41105  
(Street address of principal office) (FLA-Address)
8. If limited liability company is a manager-managed company, check here ☒ 4173 Westbourne Circle  
Sarasota, FL 34238
9. The name and usual business addresses of the managing members or managers are as follows:  
John Workman 3555 Workman Rd Ashland, KY 41102  
Tony Workman 4173 Westbourne Circle Sarasota, FL 34238  
Joyce Workman " " " " " "
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: plumbing  
contractor

John Workman  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Workman

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Workman & Sons Plumbing

2. The name and the Florida street address of the registered agent and office are:

John Workman  
(Name)

4173 Westbourne Circle  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Sarasot FL 34238  
(City/State/Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

John Workman  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)



**John Y. Brown III**  
**Secretary of State**

**Certificate of Existence**

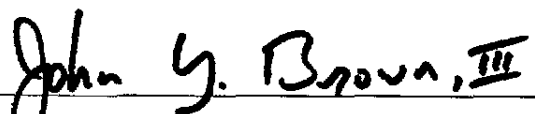
I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**WORKMAN & SONS PLUMBING, L.L.C.**

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The Secretary of State hereby cancels the certificate of dissolution issued on November 1, 2002. The effective date of reinstatement is January 13, 2003.

I further certify that WORKMAN & SONS PLUMBING, L.L.C. is a limited liability company duly organized and existing under the laws of the Commonwealth of Kentucky, whose date of organization is December 28, 1999, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13<sup>th</sup> day of January, 2003.

  
JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky  
jbentley/0485997