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

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

1.	South Broadway at Simpson Center, LLC		
Low real	(Name of Foreign Limited Liability Company)		
2	Kentucky 3. 61-1314691 urisdiction under the law of which foreign limited liability (FEI number, if applicable)		
(Jı co	urisdiction under the law of which foreign limited liability (FEI number, if applicable) mpany is organized)		
4.	November 19, 1996 5. Perpetual (Date of Organization) 5. (Duration: Year limited liability company will cease to		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	N/A		
-	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7	4840 Waterside Drive		
	Lexington, KY 40513		
-	(Street Address of Principal Office)		
8. I	f limited liability company is a manager-managed company, check here 🖌		
э. т	The name and usual business addresses of the managing members or managers are as follows:		
(Carl B. White 4840 Waterside Drive, Lexington, KY 40513		

Virginia Carol White 4840 Waterside Drive, Lexington, KY 40513

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: Real Property Development

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.) Carl B. White, Managing Member

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:

South Broadway at Simpson Center, LLC

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

John P. Martin, P.A. (Name) 401 S. Lincoln Ave. Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)

> Clearwater, FL 33756 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, Florida Statutes.

(Signature)

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



Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SOUTH BROADWAY AT SIMPSON CENTER, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 19, 1996.

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 275.190 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 15th day of November, 2004.



Trey Grayson Secretary of State Commonwealth of Kentucky Tmorgan/0424333 - Certificate ID: 7070