# M05000000720

4 <u></u>	(Requestor's Name)	
<u> </u>	(Address)	
<u> </u>	(Address)	
	(City/State/Zip/Phone #)	
		MAIL
	(Business Entity Name)	
	(Document Number)	<u> </u>
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	<u> </u>	

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**US CorpWorks Inc.** 1638 Pennsylvania St., Denver, CO 80203 p. 303.393.8800 f. 303.393.8900 t: 888.967.5799 www.uscorpworks.com

January 18, 2004

#### <u>Via US Mail</u>

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

Re: Stonewood Financial, LLC

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

### **Application for Authority**

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

- ¥k 1

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Sabrina Tillapaugh

FEB m ... 28

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

STONEWOOD FINANCIAL, LLC (Name of Limited Liability Company) SUBJECT:

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:

KATTE CUMMINGS STONEWOOD FINANCIAC, LLC (Firm/Company) EAST MAIN STREET, SUITE JOU (Address) LOUISVILLE, KY 40202 (City/State and Zip Code) -----For further information concerning this matter, please call: 22 KATTE CUMMINGS at (502) 588 - 7155 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** 

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

x \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

#### 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.	STONEWOOD FINANCIAL, LLC (Name of Foreign Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·			
	(Name of Foreign Limited Liability Company)				
2.	KENTUCKY (Jurisdiction under the law of which foreign limited liability 3. <u>20 - 156/538</u> (FEI number, if applicable)				
4.	<u>9-1-04</u> (Date of Organization) 5. <u>PERPETUAL</u> (Duration: Year limited liability company will cease exist or "perpetual")	to			
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u> </u>	A LYLIN		
			•• • •		
7.	333 EAST MAIN STREET, SUITE 220		¥		
	LOUISVILLE, KY 40202 (Street Address of Principal Office)	2005 F			
	(Street Address of Principal Office)	E ·	П		
	If limited liability company is a manager-managed company, check here	-2 P			
9. The name and usual business addresses of the managing members or managers are as follows: $\frac{1}{2}$					
	MARTIN H. RUBY	1:28	· · · · ·		
	333 EAST MAIN STREET, SUITE 220	• 	نىي <u>.</u> مىرى _		
	LOUISVILLE, KY 40202	<u></u>	~ <b></b>		
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, islation of the certificate under oath of the translator must be submitted.)		in		
11.	. Nature of business or purposes to be conducted or promoted in Florida:		···· ÷ ·		
INSURANCE, VIATICAL GETTLEMENTS					
	Martin July				

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 arc true)

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MARTIN H. RUBY 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:

STONEWOOD FINANCIAL, LLC

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

NRA SERVICES, INC. (Name) 526 E. PARK AVENUE Florida Street Address (P.O. Box NOT ACCEPTABLE) TAUAHASSEE, FL 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 reststered 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) MICHAEL MIRRIONE, ASSISTANT SECRETARY

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

# Commonwealth of Kentucky 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,

## STONEWOOD FINANCIAL, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is September 1, 2004.

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 10th day of January, 2005.

Certificate Number: 9369 Jurisdiction: FLORIDA Visit <u>http://www.sos.ky.gov/obdb/certvalidate.aspx</u> to validate the authenticity of this certificate



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Trey Grayson Secretary of State Commonwealth of Kentucky 9369/0593931