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CERTIFICATION

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### TRANSMITTAL LETTER

то:	Registration Section Division of Corporations		
CT TO		D & D Estates LLC	
SUBJ	ECT:	Name of Limited Liability Company)	
Floric		n Limited Liability Company for Authorization to Transact Busines is check are submitted to register the above referenced foreign limites in Florida	
Please	e return all correspondence conc	cerning this matter to the following:	
		David Marcano	
	<del></del>	(Name of Person)	
		D & D Estates LLC	
		(Firm/Company)	
		4017 Riveroaks Circle	
		(Address)	
		Louisville, KY 40241	
	, , , , , , , , , , , , , , , , , , ,	(City/State and Zip Code)	
For fi	urther information concerning th	nis matter, please call:	
	David Marcano	at ( 502 ) 327-2811 SEL TO	1
	(Name of Perso	117	4
	STREET ADDRESS:	MAILING ADDRESS:	
	Registration Section		تبيتة
	Division of Corporations	Division of Corporations	
	409 E. Gaines Street	P.O. Box 6327	
	Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclo	sed is a check for the following	amount:	
	□ \$125.00 Filing Fee □ \$130.0	00 Filing Fee & ☐ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate Certificate of Status	

# 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: D & D Estates LLC (Name of Foreign Limited Liability Company) Kentucky 20-2355106 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) company is organized) February 9th, 2005 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) **Upon Qualification** (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 4017 Riveroaks Circle Louisville, KY 40241 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: David Marcano 4017 Riveroaks Circle Louisville, KY 40241 Daniel R. Kapalin 10813 Silvermoon Court Louisville, KY 40241 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificate of existence, no more than 90 days old, duly authenticated by the official having original certificated by the original certificated by the original certificated by the orig 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.)

#### David Marcano

11. Nature of business or purposes to be conducted or promoted in Florida:

Buying, Renting, & Selling of Real Estate

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.)

David Marcano

Typed or printed name of signee

# CERTIFICATE (#F 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 OFFICE FLORIDA.

1. The name of t	the Limited Liability Company is:	
	D & D E states LLC	
2. The name and	the Florida street address of the registered agent and office are:	
	Business #llings Incorporated	
•	(Name)	•
	660 East Jefferson Street	
-	Torida Street Addres (P.O. Box NOT ACCUPTABLE)	
	Tallahassee, FL 32301	
<del>-</del>	City/State/Zip	
liability company agent and agree to relating to the pro obligations of my	ed as registered agent and to a coept service of process for the above statea lin it at the place designated in this certificate, I hereby accept the appointment as the of act in this capacity. I further agree to comply with the provisions of all statute and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the appointment as the provision as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the provision as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the provisions of all statutes are provided for in Chapter 608, Florida Statutes and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the provision as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the provision as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the provision as registered agent as provided for in Chapter 608, Florida Statutes and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with and accept the provision and I am familiar with an accept the provision and I am familiar with a provisio	egistered

\$ 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,

#### D & D ESTATES LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is February 9, 2005.

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 18th day of February, 2005.



Trey Grayson
Secretary of State
Commonwealth of Kentucky

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