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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TAMMYE'S LLC (Name of Limi	ted Liability Company)
The enclosed "Application by Foreign Limited Lial	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
ANUJ G. RASTOGI	
(Nan	ne of Person)
MORRIS, GARLOVE, WATERMAN & JOH	NSON PLLC
(Firm	n/Company)
401 W. MAIN STREET, SUITE 1000	
(Address)
LOUISVILLE, KY 40202	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	ise call:
ANUJ G. RASTOGI	at (502) 589-3200
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: 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:	•
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of \$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate 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: I TAMMYE'S LLC (Name of Foreign Limited Liability Company) 2. KENTUCKY (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. MARCH 22, 2005 **PERPETUAL** (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") MAY 10, 2005 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 113 W. PUBLIC SQUARE, SUITE 200 GLASGOW, KENTUCKY 42141 (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: PATRICK GAUNCE 113 W. PUBLIC SQUARE, SUITE 200 GLASGOW, KENTUCKY 42:41 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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: OWNERSHIP AND OPERATION 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.)

Typed or printed name of signee

PATRICK GAUNCE, MANAGER

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 Con	mpany is:	
TAMMYE'S LLC		
2. The name and the Florida street addre	ss of the registered agent and office are:	
CT CORPORATION SYST	ГЕМ	
	(Name)	
1200 SOUTH PINE ISLAN	ID ROAD	
Florida Street A	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
PLANTATION	FL 33324	
	City/State/Zip	

Having heen 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.

Juan Jernetze (Signature)

Susan J. Metze Appliefont 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,

TAMMYE'S LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is March 22, 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 3rd day of May, 2005.

Certificate Number: 14014 Jurisdiction: Tammye's LLC

Visit http://www.scs.ky.gov/cbdb/certvalidate.aspx_to validate the authenticity of this certificate.



Trey Grayson Secretary of State Commonwealth of Kentucky 14014/0609043