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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EDWARDS ENTERPRISES, LLC		
	mited Liability Company)	
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	submitted to register the above referenced fo	
Please return all correspondence concerning this	matter to the following:	
BOBBY J EDWARD	s	
4)	Jame of Person)	E8 05
		05 JUN 10 AM 10: 33 SECRETARY OF STATE TALLAHASSTEE FLORIDA
EDWARDS ENTERPRISES, LLC		
(F	Firm/Company)	± ±
		SH G
4150 CAIRO ROAD		
	(Address)	1
PADUCAH, KY 42001		
	State and Zip Code)	
(Only/N	oute and Dip obder,	
For further information concerning this matter, p	lease call:	
LESLIE R. ELLIS, CPA	at (270) 443-5744	
(Name of Person)	(Area Code & Daytime Telephone Nu	ımber)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee & \$130.00 Filing Fee & Certificate		ee, Certificate is & 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 EDWARDS ENTERPRISES, LLC	·	_
(Name of Foreign Limited	d Liability Company)	
2. KENTUCKY	3. 61-1098451	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
	5. PERPETUAL	~
(Date of Organization)	 (Duration: Year limited liability company will cease to exist or "perpetual") 	
6. JUNE 1, 2005		0
(Date first transacted business in F (See sections 608.501 & 608.502 F.S	Florida, if prior to registration.) S. to determine penalty liability)	OS JUN
7. 2040 TIMUCUA TRAIL		H 10
NOKOMIS, FL 34275	SEE O	
(Street Address	ss of Principal Office)	_
8. If limited liability company is a manager-managed	ed company, check here	AM 10: 33
9. The name and usual business addresses of the mar	anaging members or managers are as follows:	
BOBBY J. EDWARDS 2040 TIMUCUA TRAIL NOK		<u> </u>
ALEX EDWARDS 4150 CAIRO ROAD PADUCAH, F		
ASHLEY EDWARDS 4150 CAIRO ROAD PADUCAL	AH, KY 42001	_
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocopranslation of the certificate under eath of the translator must be sub	opy is not acceptable. If the certificate is in a foreign language, a	cords in
11. Nature of business or purposes to be conducted of	or promoted in Florida: SALES AND MANAGEMENT	<u>-</u>
(In accordance with section 608.408(3), 1	authorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.)	_•

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:			
E	DWARDS ENTERPRISES, LLC		_	-
2.	The name and the Florida street address of the registered agent and office are:			
	BOBBY J EDWARDS	SECF	NUL 30	
	(Name)	記さ	N 10	
	2040 TIMUCUA TRAIL	E 9	2	Ö
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE	AM 10: 33	
	NOKOMIS FL 34275	12		
	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.

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

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,

EDWARDS ENTERPRISES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is December 19, 2000.

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 June, 2005.

Certificate Number: 15306 Jurisdiction: FLORIDA

Visit http://epps.sos.kv.gov/business/abdb/certvalidate.aspx to validate the authenticity of this

certificate.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
15306/0507318