# M0500003274

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SECRETARY OF STATE
TALLAHASSEE, FI DRIFT

	TRANSM	ITTAL LETTER		
TO:	Registration Section Division of Corporations			
SUBJI			÷	
	(Name of Limit	ed Liability Company)		
Florida	aclosed "Application by Foreign Limited Liaba," Certificate of Existence, and check are sub y company to transact business in Florida	pility Company for Authorization to Tra comitted to register the above referenced	nsact Busine foreign limi	ss in ted
Please	return all correspondence concerning this ma	atter to the following:		
	Lisa A. Garner			
	(Nan	ne of Person)		
		Es.		
	Deters Benzinger & LaVelle, PSC	<u>- £.,</u>	<del>7</del> 60	
	(Fire	n/Company)	SEC.	exilina
	207 Thomas More Parkway		N-8	
		Address)	<b>F P</b>	
			FLO	
	Crestview Hills, Kentucky 41017		29 REP.	
	(City/Sta	te and Zip Code)	<b>.</b>	
For fu	rther information concerning this matter, plea	se call:		
	Lisa Garner	_ at ( 859) 426-2160		
	(Name of Person)	(Area Code & Daytime Telephone	Number)	
	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		
Enclos	sed is a check for the following amount:			
	□ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & ☐ \$160.00 Filin Status Certified Copy of S	ig Fee, Certifica tatus & Certific	

## 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:

Malikovitz Properti	es, LLC						
· · · · · · · · · · · · · · · · · · ·	(Name of Fore	ign Limited Liability C	ompany)				
Kentucky		. 3.					
(Jurisdiction under the company is organized	e law of which foreign limit d)	ted liability	(FEI number,	if applicabl	e)		<b>-</b> · · ·
May 12, 2005		5 Perpe	tual			-	
(Date	of Organization)	(Dura exist	ation: Year limited lia or "perpetual")	bility compa	ny will co	ease to	
•			<u> </u>		مرځ سو ده		<u> </u>
	(Date first transacted b (See sections 608.501 &	ousiness in Florida, if pr 608.502 F.S. to determ	ior to registration.) iine penalty liability)				
. 686 Meadow Woo	d Drive			<u></u>	<u> </u>		
Villa Hills, Kentuck		, <u>, , , , , , , , , , , , , , , , , , </u>			<u></u>		
	(St	reet Address of Princip	al Office)	<del>;                                    </del>	SE	05	-
. If limited liabilit	y company is a manage	r-managed compan	y, check here		RL TA	- NO	
. The name and us	sual business addresses	of the managing me	embers or manage	rs are as fo	olfows:	ထ	i i
Brion P. Moran	686 Meadow Wood Drive	, Villa Hills, Kentucky	41017		E FE E FE	<b>R</b>	
					ORID.	: 29	
	<u> </u>		<u> </u>	***	-		_
e jurisdiction under the	al certificate of existence, no relaw of which it is organized. ate under cath of the translator	(A photocopy is not acc					cords in
1. Nature of busin	ess or purposes to be co	onducted or promot	ed in Florida: Pur	rchase of re	al estate	1	
	Signature of a memb (In accordance with section an affirmation under the pe	1 608.408(3), F.S., the exe	cution of this document	constitutes			_•
	Brion P. Moran						
	Туре	d or printed name o	f 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.

	Properties, LLC  me and the Florida street address of the registered agent and office	are:		<del>.</del>	
	Cyndi Bates				
	(Name)	-	- ಕ್ಯ	0	-
	11360 Gulf Boulevard	•		ال 50	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		HAS	3- NO	gratuani fi
	Treasure Island, Florida 33706		SEE.	3 22	
	City/State/Zip		FLOF	**	
			PAGE.	29	
iability co agent and c relating to	en named as registered agent and to accept service of process for the mpany at the place designated in this certificate, I hereby accept the agree to act in this capacity. I further agree to comply with the prov the proper and complete performance of my duties, and I am familiate of my position as registered agent as provided for in Chapter 608, I	appointr isions of ir with ai	ment as r all statui nd accept	egister tes	red
1	· · · · ·				

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00



# 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,

### MALIKOVITZ PROPERTIES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is May 12, 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 26th day of May, 2005.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
Rlong/0613004 - Certificate ID: 15007