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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone) #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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ACCOUNT NO. : 072100000032
REFERENCE : 172186 82724A
AUTHORIZATION: Smelkelen 35 5
COST LIMIT : \$ 160.00
ORDER DATE: June 12, 2006
ORDER TIME : 3:01 PM
ORDER NO. : 172186-005
CUSTOMER NO: 82724A
FOREIGN FILINGS
NAME: EXCELLENT PROPERTIES, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kathy Drake EXT#2959
EYAMINED.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GORSUL FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOREM: Excellent Properties, LLC (Name of Foreign Limited Liability Company) 3. 57-1224898 2. Kentucky (Aurisdiction under the law of which foreign limited liability company is organized) (FEI tempber, if applicable) 4 September 21, 2005 perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. N/A (Date first transacted business in Florids, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty itability) 7. 1584 Pine Needles Lane Lexington, Kentucky 40513 (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: Maguire Associates, Inc., a Kentucky corporation 1584 Pine Needles Lane Lexington, Kentucky 40513 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the invest which it is organized. (Aphotocopy is not acceptable. If the certificate is in a ferrigal language, a translation of the contificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real estate acquisitions Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the possibles of perjusy that the facts stated herein are true.)

Typed or printed name of signee

Gene Maguire

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.

FLORIDA.	
1. The name of	of the Limited Liability Company is:
Excellent	Properties, LLC
2. The name a	and the Florida street address of the registered agent and office are:
	J. Thomas Conroy, III of Conroy, Conroy & Durant, P.A. (Name)
	2210 Vanderbilt Beach Road, Suite 1201 Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Naples FL 34109 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.

(Signature)

\$ 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,

EXCELLENT PROPERTIES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is September 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 12th day of June, 2006.

Certificate Number: 32351

Jurisdiction: KY

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to validate the authenticity of this certificate.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
32351/0622216