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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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SECREIARY OF STATE
FALLAHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spooky Relice (Name of Limite	ed Liability Company)
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	tter to the following:
Rick Red	mon
(Nam	e of Person)
Spooky Relics,	LLC /Company)
P.O. Box 120	82 Address)
Lexington, Ky (City/State	0 5 80 e and Zip Code)
For further information concerning this matter, please	
Rick Redmon (Name of Person)	at (859) 312-7444 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327	STREET ADDRESS: Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of S	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate 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:
1. Spooky Relics, LLC (Name of Poreign Limited Liability Company)
2. Kentucky (Jurisdiction under the law of which foreign limited liability) (FEI number, if applicable)
4. Date of Organization) 5. Pere + ual (Duration: Year limited liability company will cease to exist or "perpetual")
A, A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 551 A Horton Ct.
Lexington, Ky 40511 (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:
Rick Redmon, 3652 Winding Wood Lane, Lexington, Ky 40515
Brad Redmon, 4609 BrindlexWay, Lexington, Ky 40515
Stacy Martin, 168 Preakness Dr. Lexington, Ky 40516
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 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Retail Sales of Hallowern costumes and merchandise.
The A
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.) Rick Redmon
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:	
Spooky Relics, LLC	_
2. The name and the Florida street address of the registered agent and office are:	
Donna Maines (Name)	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Brandon, FL 33511	

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.

Donna Maires
(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,

SPOOKY RELICS, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is February 10, 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 August, 2006.

Certificate Number: 34902

Jurisdiction: Florida

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

certificate.



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Trey Grayson Secretary of State Commonwealth of Kentucky 34902/0605869