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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

SUBJECT:	Glassman Properties, LLC	Limited Liability Company)	-	
	(Name of	Limited Liability Company)		
Florida," Cer		Liability Company for Authorization to Tree submitted to register the above reference la		
Please return	all correspondence concerning th	is matter to the following:		
	Shelley A.	Kidder		
		(Name of Person)		
	Reed Weitkamp Sche	ell & Vice, PLLC		
		(Firm/Company)		
	500 W. Jefferson St., S	Ste. 2400	SECF	3S 90
		(Address)	SSYT. ASSYT.	06 SEP 25 AH 10: 45
	Louisville, Kentucky 4	0202	R _{TI}	E
	(Cit	y/State and Zip Code)	STA	<u>.</u>
For further in	nformation concerning this matter	, please call:	DH.	Ü
Shel	lley A. Kidder	at (502) 589-1000		
	(Name of Person)	(Area Code & Daytime Telephon	e Number)	
MAII	LING ADDRESS:	STREET ADDRESS:		
Divis	Division of Corporations Division of Corporations			
P.O. 1	Box 6327	Clifton Building		
Tallal	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amount: 5.00 Filing Fee \$\square\$		ling Fee, 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: Glassman Properties, LLC (Name of Foreign Limited Liability Company) Kentucky (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) July 11, 2006 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 12345 Osage Road Anchorage, KY 40223 (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 Steven D. Glassman 12345 Osage Road Anchorage, KY 40223 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Own, hold, manage and lease real property 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

Steven D. Glassman, Manager

HE

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:		
Glassman Prope	rties, LLC		
2. The name an	d the Florida street address of the	registered agent and office are:	
			<u>e</u>
	NRAI Services, Inc.		#\$ 5°
	(N	ame)	PILE FILE FILE FILE FILE FILE FILE FILE F
	2731 Executive Park Drive, Suite 4		- 1963B 143
Florida Street Address (P.O. Box NOT ACCEPTABLE)		AM 10: 45	
	Weston	FL 33331) 1945 15
	Cit	y/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. NRAI Services, Inc.

By: Juj Mobet Assistant Secretary
(Signature)

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

\$ 5.00 Certificate of Status (optional)



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,

GLASSMAN PROPERTIES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is July 11, 2006.

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 13th day of September, 2006.



Trey Grayson

Trey Grayson
Secretary of State
Commonwealth of Kentucky
vbennett/0642615 - Certificate ID: 36544