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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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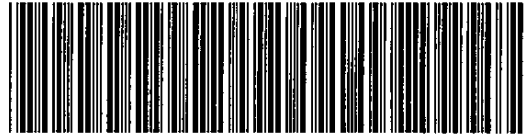
(Business Entity Name)

(Document Number)

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J BRYAN OCT 11 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LMP SERVICES, LLC.  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

KATHY WALSH

(Name of Person)

LMP SERVICES, LLC.

(Firm/Company)

P.O. BOX 687

(Address)

HOPKINSVILLE, KY 42241

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lisa Meacham

(Name of Person)

at ( 270 ) 886-6696

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
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 Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. LMP SERVICES LLC  
(Name of Foreign Limited Liability Company)
2. KENTUCKY 3. 61-1399973  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 10/19/2001 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. LMP SERVICES, LLC D/B/A MOUNTAIN STONE  
470 SATELLITE BLVD NE, STE N, SUWANNE, GA 30024  
(Street Address of Principal Office)

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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:

see attached list

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: INSTALLATION  
OF BUILDING PRODUCT OF MT. STONE AND OTHER RELATED MASONRY ITEMS.

Barry S. Lee  
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.)

BARRY S. LEE

Typed or printed name of signee

**LMP SERVICES, LLC.**

FED ID# 61-1399973

**CAROL T. LEE-MEMBER  
1575 HUNTS LANE  
BOWLING GREEN KY 42101  
270-781-9813 PHONE**

**DAVID R. LEE-MEMBER  
25 GOSHEN  
FRANKFORT KY 40601  
502-223-2327 PHONE**

**WILLIS A. LEE-MEMBER  
2292 CARDWELL LANE  
FRANKFORT KY 40601  
502-223-2327 PHONE**

**BARRY S. LEE-MEMBER  
5150 CADIZ ROAD  
HOPKINSVILLE KY 42240  
270-885-7629 PHONE**

**JOHN B. LEE-MEMBER  
2284 CARDWELL LANE  
FRANKFORT KY 40601  
502-223-2327 PHONE**

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1270 885 4400

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**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:

LMP SERVICES, LLC.

2. The name and the Florida street address of the registered agent and office are:

NRAI SERVICES, INC.

(Name)

2731 EXECUTIVE PARK DRIVE., SUITE 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

WESTON

FL

33331

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.*

*M. P. R. ASSET*  
(Signature)

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\$ 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,

**LMP SERVICES, L.L.C.**

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is October 19, 2001.

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 21st day of September, 2006.

Certificate Number: 37074

Jurisdiction: LMP SERVICES LLC

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.

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*T762*  
Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
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