# M0800000263

(Re	questor's Name)			
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



Put 2002-01/15/08--01025--012 \*\*160.00

GIVISION OF CORPORATION

. 2. . • •

J. BRYAN

JAN 1 6 2008

EXAMIN

#### **COVER LETTER**

¢

۲

**TO:** Registration Section Division of Corporations

9

# SUBJECT: COLLINS-WATHEN PROPERTIES, 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:

DAMON BROWN				
(Name of Person)				
WEBB, HOSKINS, GLOVER & THOMPSON, PSC				
(rm	R & THOMPSON, PSC			
2393 ALUMNI DR., SUITE 101				
(Address)				
(Address)				
(City/Sta	te and Zip Code)			
For further information concerning this matter, plea	ase call:			
DAMON BROWN	_ at (_859296-9229			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	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 Certified Copy of Status & Certificate			

#### 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. COLLINS-WATHEN PROPERTIES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

<i>~</i> .	KENTUCKY	3.	(FEI number, if applicable)	
	(Jurisdiction under the law of which foreign limited liability company is organized)	•	(FEI number, IT appreable)	
4.	MAY 26, 1998 (Date of Organization)	5.	PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	N/A		0	
	(Date first transacted business in F (See sections 608.501 & 608.502 F.	Florie S. to	da, if prior to registration.) 8 55 determine penalty liability) 5	200
7.	606 EUCLID AVENUE #2, LEXING	ГО	N, KY 40502	FIL
			PH	
	(Street Addres	s of	Principal Office)	ELC.
8.	If limited liability company is a manager-manage	d co	ompany, check here 🗌 😽 😽	5mi Kr

9. The name and usual business addresses of the managing members or managers are as follows:

# STEVEN WATHEN, 606 EUCLID AV. #2, LEXINGTON, KY 40502

# ROBERT COLLINS, 606 EUCLID AV. #2, LEXINGTON, KY 40502

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 purpose	to be conducted or promoted in Florida: <b>REAL ESTATE</b>
INVESTMENT	
(In accordance an affirmation	ta member or an authorized representative of a member. With section 608.408(3), F.S., the execution of this document constitutes under the penalties of perjury that the facts stated herein are true.) N WATHEN

#### 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:

# COLLINS-WATHEN PROPERTIES, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

#### ROBERT E. MESSICK

(Name)

# 2033 MAIN STREET, SUITE 600

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

SARASOTA, FL 34237

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

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication Number: 58320 Jurisdiction: Whitney National Bank Visit <u>http://apps.sos.ky.gov/business/obdb/certvalidate.aspx.t</u>o authenticate this certificate.

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

TEU WE SA

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is May 26, 1998.

COLLINS WATHEN PROPERTIES

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 January, 2008.



Trey Grayson Secretary of State Commonwealth of Kentucky 58320/0456993

1/3/2008