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(Requestor's Name)

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(City/State/Zip/Phone #)

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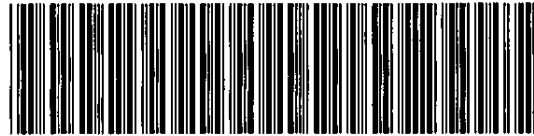
(Business Entity Name)

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08 MAY -2 PM 3:31

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 MAY -2 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 6 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2008

FLORIDA FILING AND SEARCH

TALLAHASSEE, FL

SUBJECT: LIMESTONE EQUINE INSURANCE AGENCY, LLC
Ref. Number: W08000022328

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIMESTONE EQUINE INSURANCE AGENCY, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

In Item 9, please list the names and addresses of the company's MANAGERS or MANAGING MEMBERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 408A00028397

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05-02-08

NAME: LIMESTONE EQUINE INSURANCE AGENCY, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: \$160

RETURN: GOOD STANDING & CERT COPY

Please Keep Original Submit Date

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

PAH

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Limestone Equine Insurance Agency, 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.")

2. Kentucky

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 611395107

(FEI number, if applicable)

4. 08/10/2001

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. 02/01/2003

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 120 N. Mill Street, 2nd Floor

Lexington, Kentucky 40507

(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:

Please See attached

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: Insurance agency

William L. Jones
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.)

William L. Jones

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Limestone Equine Insurance Agency, LLC
List of Members

Name	Title	Address
William L. Jones	Managing Member	1165 Austerlitz Rd, Paris, KY 40361
Peter R. Bradley III	Managing Member	213 Elm Street, Versailles, KY 40383
Thomas B. Gaines	Managing Member	265 S. Ashland Ave., Lexington, KY 40502
Olin B. Gentry	Managing Member	209 Harp Innis Road, Lexington, KY 40511

**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:

Limestone Equine Insurance Agency, 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:

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.

NRAI Services, Inc.

By: 

(Signature)

Tiniesha Clark, Assistant Secretary

\$ 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

5/2/2008

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: 64175

Jurisdiction: Limestone Equine Insurance Agency

Visit <http://apps.sos.ky.gov/business/cobdb/certvaldate.aspx> to 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,

LIMESTONE EQUINE INSURANCE AGENCY, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is August 10, 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 2nd day of May, 2008.



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
64175/0520769