# MMCCOOH149

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**EXAMINER** 



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SECRETARY OF STATE SECRETARY OF STATE

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#### **COVER LETTER**

Division of Corporations
SUBJECT: ARCHITECTION PIC.  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:
PAUL J. TORP, A1A  Name of Person
ARCHITECTION, PIC.
475 W. MARKET ST.
LOUISVILL KY 40202  City/State and Zip Code
BTORPE ARCHITECTION, PIC
For further information concerning this matter, please call:
PAUL TORD at 562 561.10 Z4  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6227  Tallahasses FL 32314  STREET ADDRESS: Division of Corporations Registration Section 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 & \$\sum \$\$155.00 Filing Fee & \$\sum \$

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. ARCHITECTION FILC. (Name of Foreign Limited Liability Company, "nust include "Limited Liability Company," "L.L.C.," or "LLC.")
(Number of Foreign Entitled Enterthy Company States, Company, Company, Company, Company, Company
(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. KEHTUCKY (Jurisdiction under the law of which foreign limited liability company is organized)  3. 61. 135.1230 (FEI number, if applicable)
4. What 1999  (Date of Organization)  5. Petrotal  (Duration: Year limited liability company will cease to exist or "perpetual")
6. TUTURE (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 475 W. MARKET ST.
LOUISVILLE, KY 40202
(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:
PAUL ). TORD, ALA
475 W. MARKETST.
LOVISVILLE KY 40202
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:
DEGIGN CANCER TREATMENT CHES
Ditoro.
Signature of a member or an authorized representative of a member.
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.

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ARCHITECTION, PILC.
If unavailable, the alternate to be used in the state of Florida is:
PAUL TORID
2. The name and the Florida street address of the registered agent and office are:
KENNETH T. LED BETTER
Florida Street Address (P.O. Box NOT ACCEPTABLE)
BRADENTON FL 34209 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.

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application Designation of Registered Agent 25.00 \$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

10/13/2009

### Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication Number: 87005

Jurisdiction: Florida Department of State Division of Corportions/Business

Visit <a href="http://apps.sos.ky.gov/business/obdb/certvalidate.aspx">http://apps.sos.ky.gov/business/obdb/certvalidate.aspx</a> 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,

## ARCHITECTION, PLLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is June 14, 1999.

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 October, 2009.



Taby

Trey Grayson Secretary of State Commonwealth of Kentucky 87005/0475644