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SECRETARY OF STATE
TALLAHASSEE. FI JAME

D. BRUCE

JAN - 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ted Lolley & Associates L.C. 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:
Tel E. Lolley Name of Person
Ted Lolley & Associates, LLC. Firm/Company
309 East 4th Street
Address Address
Owensboro, Kentucky 42303 FT F
teda Lolley.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ted Lolley at (270) 683-2270 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, 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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy
·

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: Ted Lolley & Associates, L.L.C.

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.") Kentucky
(Jurisdiction under the law of which foreign limited liability

3. (6)-1349209
(FEI number, if applicable) (Date of Organization) (Date first transacted business in Florida, if prior to registration.) See sections 608.501 & 608.502 F.S. to determine penalty liability) 309 East 4th street 42303 treet 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 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: Structura 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.)

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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.

1. The name of the Limited Liability Company is:	
Ted Lolley + AssociAtes, LLC	-
If unavailable, the alternate to be used in the state of Florida is:	
	-
2. The name and the Florida street address of the registered agent and office are:	70
INCORP SERVICES, TNC.	JAN-4
17888 67 th Court Morth Florida Street Address (P.O. Box NOT ACCEPTABLE)	₩ D E D
Loxahatchee FL 33470 City/State/Zip	Ď

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.

Incorp Services, Inc.

\$ 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

Trey Grayson Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov Certificate of Existence

Authentication number: 88425

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.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,

TED LOLLEY & ASSOCIATES, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is June 16, 1999 and whose period of duration is perpetual.

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 17th day of November, 2009, in the 217th year of the Commonwealth.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
88425/0475761