+.m.1000	0001292
(Requestor's Name) (Address) (Address)	800171465258
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	03/10/1001034015 **125.00 TO MAR 19 AH 8: 35 TALLAHASSEE, FLORIDA
UID-13385 Office Use Only	D. BRUCE MAR 2 2 2010 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

ELENI LIVAS 2220 GUILFORD LANE LEXINGTON, KY 40513

SUBJECT: ALTC RENTAL, L.L.C. Ref. Number: W10000012385

We have received your document for ALTC RENTAL, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 110A00006078

-, (* -)	. , COVER LETTER
	istration Section ision of Corporations
SUBJECT:	ALTC RENTAL, L. L.C Name of Limited Liability Company
The enclosed Existence, an	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat d check are submitted to register the above referenced foreign limited liability company to transact business in Flo
Please return	all correspondence concerning this matter to the following:
	ELENI LIVAS
	Name of Person
	ALTC RENTAL, L.L.C
	Firm/Company
	2220 GUILFORD LANE
	LEXINGTON, KY 40513
	City/State and Zip Code
	elenil@9x.net
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	ELENI LIVAS at 859,492-1312
	Name of Person Area Code & Daytime Telephone Number
Divi Reg P.O.	ILING ADDRESS:STREET ADDRESS:ision of CorporationsDivision of Corporationsistration SectionRegistration Section. Box 6327Clifton Buildingahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is	s a check for the following amount:
[7].	125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, 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:

ALTC, RENTAL, 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.") $\frac{\text{KENTUCKY}}{(\text{Jurisdiction under the law of which foreign limited liability} 3.} \qquad 3. \qquad 20-3208/92$ 2. company is organized) JULY 29th, 2 (Date of Organization) PERPETUAL ", 2005 5. 4. (Duration: Year limited liability company will cease to exist or "perpetual") NIA 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) GUILFORD ane 7. LEXINGTON, KY 40513 (Street Address of Principal Office) ພ 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: 4 1 ı. T . . 1.5.1

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· ·		······································			MIAMI	Beach, FL	<u> </u>
10. Attached is an or	riginal certificate o	f existence, no mo	re than 90 days ol	d, duly authenticat	ted by the offici	al having custody of	
•		÷ .			certificate is in	a foreign language, a	a
translation of the cer	uncate under oath	of the translator m	ust be submitted.))			
11. Nature of bu	isiness or purp	oses to be con	ducted or pron	noted in Florid	la: <u>RE</u>	NTAL	
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		7		4			

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.)

ELENI LIVAS 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:

ALTC RENTAL, LLC

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

2

2. The name and the Florida street address of the registered agent and office are: <u>Colonial America Title Services LLC</u> (Name) <u>Colonial America Title Services LLC</u> (Name) <u>Colonial America Sude-230</u> <u>Plorida Street Address (P.O. Box NOT ACCEPTABLE)</u> <u>Miami Beach</u> FL 33139 <u>City/State/Zip</u>

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

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: 94740 Visit http://apps.sos.ky.gov/business/obdb/c	ertvalidate.aspx to authenticate this certificate.

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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,

ALTC RENTAL, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is July 29, 2005 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 9th day of March, 2010, in the 218th year of the Commonwealth.



Trey Graysor

Secretary of State Commonwealth of Kentucky 94740/0618545