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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

CUDIFOT.	1016 Caloosa.	LLC	
SUBJECT: _	Nan	ne of Limited Liability Company	
The enclosed 'Existence, and	Application by Foreign Limited Liab check are submitted to register the ab	LLC ne of Limited Liability Company ility Company for Authorization to Transact Business in Florida, "Coover referenced foreign limited liability company to transact business tter to the following: Name of Person	ertificate of in Florida
Please return a	Il correspondence concerning this ma	tter to the following:	TARCOSTONALIS
	Wayne F. Wilson		7
		Name of Person	يَّ بن
	Dinsmore & Shohl, LLP		16
		Firm/Company	
	101 South Fifth Street		
		Address	
	Louisville, Kentucky 4020	2	
		City/State and Zip Code	
	srf@capstonerealty.co	om	
	E-mail address: (to	be used for future annual report notification)	
For further info	rmation concerning this matter, pleas	e call:	
Way	ne F. Wilson	at (502) 540-2300	
	Name of Person	Area Code & Daytime Telephone Number	
Divisi Regist P.O. E	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amour 0 Filing Fee \$130.00 Filing Fee Certificate of State	& \$\Bigcip\\$155.00 Filing Fee & \$\Bigcip\\$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:

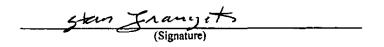
I. 1016 Caloosa, LLC	
(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability"
Kentucky (Jurisdiction under the law of which foreign limited liability company is organized)	3. (FEI number, if applicable)
4(Date of Organization)	3
6	
6(Date first transacted business in F (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) S. to determine penalty liability)
7. 12910 Shelbyville Road, #200	
Louisville, Kentucky 40243	
(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 mar	naging members or managers are as follows:
Stan Franczek 12910 Shelbyville Ro	oad, #200, Louisville, KY 40243
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted o	r promoted in Florida:
Ownership and management of real prop	perty
_ stan Fran	art
Signature of a member or an au	thorized representative of a member.
penalties of perjury that the facts stated herein are tr	cution of this document constitutes an affirmation under the ue. I am aware that any false information submitted in a s a third degree felony as provided for in s.817.155, F.S.) Zek
Typed or printed	I 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 Co	ompany is:	
1016 C	Caloosa, LLC	
If unavailable, the alternate to be used in	n the state of Florida is:	
2. The name and the Florida street addr	ress of the registered agent and office are:	
Stan Franczek		
	(Name)	
1016 Caloosa D	1016 Caloosa Drive	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Sarasota	FL 34234	
	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.



\$ 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 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 129068

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

1016 CALOOSA, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is July 27, 2012 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 14A.6-010 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 16th day of August, 2012, in the 221st year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

129068/0834525