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(Req	uestor's Name	3)
(Addı	ress)	
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(City/	State/Zip/Pho	ne #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	ame)
(Doc	ument Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions to Fi	ling Officer:	
SEP, 5 2012		
L. SELLER	S	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Halloween Express, LLC Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:
	Holly Bowling Name of Person
	Halloween Express
	302N Main Street
	Owenton KY 40354 City/State and Zip Code
	holly, bowling @ halloweenex press, com E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Meg Fitzgerald at (502) 484-0551 (107) 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
Enclos	sed is a check for the following amount: \$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status} \Bigcup \text{\$155.00 Filing Fee & Status & Certified Copy} \Bigcup \text{\$160.00 Filing Fee, Certified Copy}

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLIDIVING IS SUBMITTED TO REGISTER A PORERGY LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Halloween Express, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Cornyany," "L.L.C.," or "LLC.")
(Name of Poteign Limited Liability Company, mast morate 222 and company, and a 220 and 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 mane must include "Limited Liability
2 Kentucky 3. 202203365
2. Kentucki (Jurisdiction under the law of which foreign limited liability company is organized) 2. (FEI num her, if applicable)
4. (Date of Organization) 5. (Duration: Year limited liability company will cease to
4. (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
·
7. 302 N Main Street Owenton, XY +0359 (Street Address of Principal Office)
(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:
Scott Morris - 6900 Morris Estate Drive, Charlotte NC 28262
Scott Morris - 6900 Morris Estate Drive, Charlotte NC 28262 Holly Bowling -302 N. Main, Quenim, Ky 40359
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticate: 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 custificate is in a foreign language, a
programme and the second secon
11. Nature of business or purposes to be conducted or promoted in Florida:
See I
DAMP = PRINT
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Itolly M. Bowling
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED () FFICE

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:
Halloween Express 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:
Randy-Koziatek
3315 Tamiami Tiail E Florida Street Address (P.O. Box NOT ACCEPTABLE)
Naples FL 34/12 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 1998, 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: 129597

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,

HALLOWEEN EXPRESS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 19, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalities pwed to the Secretary of State have been paid; that articles of dissolution have not been filled; 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 29th day of August, 2012, in the 22¹ Year of the Commonwealth.



Misor Lundergan Grimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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