

M13000000083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

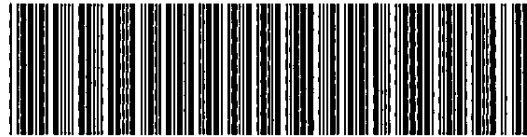
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JAN 4 2013
S. TONER

Office Use Only



500242892385

01/03/13--01006--016 **160.00

FILED
13 JAN -3 AM 11:55
SECRETARY OF STATE
TAMM HALL
MONTGOMERY ALA 36103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACHINE CITY USA, LLC
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:

LEWIS R. LAROCHE, SR.
Name of Person

MACHINE CITY, USA, LLC
Firm/Company

764 Giltner Road
Address

Smithfield, KY 40068
City/State and Zip Code

Lewis@LTG Leasing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lewis R. LaRoche, Sr. at (502) 648-1578
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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. MACHINE CITY USA, LLC
(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.")

2. KENTUCKY 3. 46-1556216
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 12, 2012 5. perpetual
(Date of Organization) (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. _____
764 Giltner Road, Smithfield, KY 40068
(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:
Lewis R. LaRoche, Sr., 764 Giltner Road, Smithfield, KY 40068
Terri LaRoche, 764 Giltner Road, Smithfield, KY 40068

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: to buy, sell and
trade heavy equipment

William H. Brammell, Sr., POA

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.)

William H. Brammell, Sr., POA

Typed or printed name of signee

FILED
JAN 3 11:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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:

MACHINE CITY USA, 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:

Lewis R. LaRoche, Sr.

(Name)

11911 Falcon Crest Dr

Florida Street Address (P.O. Box NOT ACCEPTABLE)

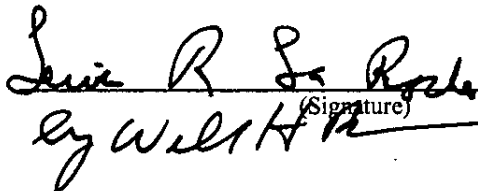
Clermont

FL

34711

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.


(Signature) POA

\$ 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: 134253

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,

MACHINE CITY USA, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 12, 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 2nd day of January, 2013, in the 22nd year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
134253/0844641

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the undersigned hereby appoints William Hartman Brammell, P.O. Box 629, New Castle, Kentucky 40050 to act as my attorney-in-fact with full power, right and authority for me and in my name, place, and stead, to take charge of, manage, and control all business relating to my estate, to transfer securities, to lease, mortgage, sell, convey or dispose of any real property or tobacco quotas or tangible or intangible personal property that I may now or hereafter own, to collect and dispose of the proceeds therefrom, to collect debts and endorse checks due to me, to draw, make, and sign checks on my bank account, to enter my bank box, to retain and release liens and other security interests in real and personal property, to institute or defend legal actions concerning me or my estate, to execute and deliver any and all agreements and instruments for my benefit and binding upon me, and generally do and perform for me and in my name all that I might do if capable and personally present.

This Power of Attorney further includes the authority of said attorney-in-fact to create a trust for my benefit during my lifetime and to appoint a trustee thereof, which trust and appointment of trustee shall be revocable by either me or said attorney in fact. Provided, that this Power of Attorney may not be used to bind me or my estate as surety, guarantor, or endorser for accommodation, or to give away any of my estate whatsoever, but no person dealing with said attorney-in-fact or such successor shall be required to inquire into the propriety of any of their actions or follow the proceeds from any

transaction hereunder. This Power of Attorney shall not be affected by, and is exercisable notwithstanding, any disability which I may suffer.

I HEREBY UNDERTAKE to ratify everything which my attorney-in-fact appointed hereunder shall lawfully do or cause to be done on my behalf.



Terri LaRoche

STATE OF KENTUCKY
COUNTY OF HENRY

5th Subscribed, acknowledged and sworn to before me by Terri LaRoche on this the day of February, 2001.

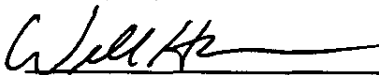


NOTARY PUBLIC

STATE AT LARGE, KY

My commission expires: 4/14/2002

I HEREBY CERTIFY THAT THIS
INSTRUMENT WAS PREPARED BY
BRAMMELL LAW OFFICE, PSC
P O BOX 629
NEW CASTLE, KENTUCKY 40050
(502) 845-4558
FAX (502) 845-7595



WILLIAM HARTMAN BRAMMELL

LaRoche.po2