JUOD674 10/22/2013 Division of bns

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000234099 3)))



H130002340983ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Enail Address:\_\_\_\_

Foreign Limited Li JACQUES	• • •
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/22/2013

Ş.

2013 06

.

6

			• .					
•.								
					·			
	CR25027 (9/10)	ł			•			
4				. COV	ER LETTER			
		stration Section sion of Corporation	s		:.			
	SUBJECT	•	JACO	UEST, I	T.C.			
	OUDJECT!	•			ited Lisbility Company			•
	The caclosed Existence, an	"Application by Fo d check are submitte	reign Limited Li ad to register the	ability Comp above refere	any for Authorization to Tr enced foreign limited liabilit	ansact Business in Flor y company to transact	rida," Certificate of buriness in Florida	
	Please return	all correspondence	concerning this s	nation to the	following:			
•	•	Steven B	. Berg				22	
				Na	me of Person	*		
	•	Berg Law	7 Office				2013 OCT	1
	÷			Fir	n/Company	<u></u>	Tak N	5
			•				17 1 T	5
t i		311 TOWE	epark Ci	rcle	· · ·			۰۰۰ ۲۰۰۰ ۲۰۰۰
•					Address			مى بە
		Louisvil	le, KY	40243	· •'			
		· · · · ·		City/St	its and Zip Code			
		sbergebe	rglaw.org	<b>J</b> .				
	· · ·				for future annual report not	fication)	,	
	For further in	formation concerni:	ng this matter, pl	caso call:				
	8	teven Berg						
		Name	of Person	Arca	Code & Daytime Telephon	e Number		
•.		LING ADDRESS		STREE	TADDRESS:			
:	Regi	sion of Corporation stration Section	3	Registre	tion Section			
	P.O. Talle	Box 6327 thance, FL 32314		Clifton I 2661 B	Building tecutive Center Circle			
			•	Tallaha	uce, FL 32301			
	Enclosed is	a check for the	following and	ount:				
	<b>D</b> \$1	25.00 Filing Fee	Certificate		Certified Copy	D \$160.00 Filing Fo of Status & Certi	ce, Certificate ified Copy	
				•	· •			
:• • • •			· _					
· · ·								
			•		• <del>• •</del>			
			, ' .		· ·			
	·			·.	:		•	
					-			
					•			
31 a w ( )								

(2/5)

. .

, ,	• • • • • • • • • • • • • • • • • • •
	APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
	IN COMPLIANCE WITH SECTION 602.03, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
and Carles and Carl Carl	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," 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 2
	(Jurisdiction under the law of which foreign limited (lability (FBI number, if applicable)
	4. October 16, 2013 5. Perpetual
	(Dute of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
	6 (Date first transacted buispart in Floride 17 mins to registration )
•	(Date first transacted business in Florids, If prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
	7. N
	<b>Til Townepark Circle Louisvile, XY 40243</b>
•	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 membars or managers are as follows:
ŧ	Lawrence A. Shapin 11200 Easum Road Louisville, KY 40299
¥ •	
	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.)
1. j.	11. Nature of business or purposes to be conducted or promoted in Florida:
	Ownership/Rental of real estate
	Laman A. Shopin
	Signature of a member or an authorized representative of a member.
	(to accordance with section 608.408(3), F.S., the execution of this docknews constitutes an effirmation under the paraluse of parity that the facts stated berein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follony as provided for in s.817.155, F.S.) LAWTONCE A. Shapin
• •	
	Typed or printed name of signee
	Typed or printed name of signee

(3/5)

... ... \_ .\_\_ . . . .

-----

I

•	
1	
•	`н.
f	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:
	JACQUEST, LLC
	If unavailable, the alternate to be used in the state of Florida is:
fi	
ļ,	
	2. The name and the Florida street address of the registered agant and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida Streat Address (P.O. Box NOT ACCEPTABLE)
H	
	Plantadion FL 33324
	City/Slate/Zip
	the day from the second s
	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
<b>C</b>	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. OT Corporation System by:
	Sierra Burits Vice President & Assistant Secretary
	(Signature)
	\$ 100.00 Filing Fee for Application
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)
	\$ 5.00 Certificate of Status (aptional)
	· , · · -
	•
1-	

J4+,

.

(4/5)

.

#### Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Allson 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: 144276

Visit https://app.sos.ky.gov/fishow/certyalidate.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,

# JACQUEST, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 16, 2013 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 21<sup>st</sup> day of October, 2013, in the 222<sup>nd</sup> year of the Commonwealth.



udergan Coeinus

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 144276/0869715

(5/5)