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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JAN & 1 2014

T. BROWN

COVER LETTER

Division of Corporations
SUBJECT: Octan Reef 807 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:
Pamela Best Name of Person
Firm/Company
7381 Wolf Spring Trace
Louisville Ky 40241 City/State and Zip Code
Pamelah best a AOL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamela Best at 500 424-7477 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: X \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy Ce

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUT FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSIN	
Dream Peef ANT 111.	
(Name of Foreign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transactin Liability Company," "L.L.C," or "LLC.")	
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3.	46 - 430 78 78 (FBI number, if applicable)
4. January 2014	if winds assistation
(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)
5. 7381 Wolf Spring Trace	
LOUISVILLE, KY 40241 (Street Address of Prin	cipal Office)
6. <u>same as above</u>	2: 5
	DA W
(Mailing Add	ress)
7. The name, title or capacity and address of the person(s)	who has/have authority to manage is/are:
John H. Best - "MGRM"	Pamela H. Best - "MGEM"
7381 Wolf Spring Trace	1381 Wolf Spring Trace
Louisville, KY 40241	Louisville, Ky 40241
8. Attached is an original certificate of existence, no more thaving custody of records in the jurisdiction under the law acceptable. If the certificate is in a foreign language, a transmust be submitted)	of which it is organized. (A photocopy is not
Pamela H. Bes	t
Signature of an auth (In accordance with section 605.0203, F.S., the execution of this document constitutes a am aware that any false information submitted in a document to the Department of State	n affirmation under the penalties of perjury that the facts stated herein are true
Pamela_H. B	est
Typed or printed nam	e of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:			
Ocean Reef 807 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:			
Pamela H. Best			
14415 Front Blach Rd # 807 Florida Street Address (P.O. BOX NOT ACCEPTABLE)			
Panama City Beach FL 32413 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 605, Florida Statutes.

Panela H. Be
(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 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: 147008

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,

Ocean Reef 807 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, 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 15th day of January, 2014, in the 222nd year of the Commonwealth.



Mison Lundergan Grimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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