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B. BOSTICK

FEB - 4 2014

EXAMINER

COVER LETTER

	on Section 4 ** f Corporations	
SUBJECT:	Red Saturation LLC Name of Limited Liability Company	
	lication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid	
Please return all con	rrespondence concerning this matter to the following:	
	Nancy Cabanis 5	
_	Nancy Cabaniss Name of Person Red Saturation LLC Firm/Company	
_	389 Palm (oast Parkway SW Unit	
	Palm (oast, Fl 32137 City/State and Zip Code	
	12-mail address: (to be used for future annual report notification)	
For further informat	tion concerning this matter, please call:	
	Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number	
Division o Registratio P.O. Box 6		
	eck for the following amount: Filing Fee \$\Bigcup \\$130.00 \text{Filing Fee & Certificate Copy} \Bigcup \\$155.00 \text{Filing Fee & Certificate Copy} \Bigcup \\$160.00 \text{Filing Fee, Certificate Copy}	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
_
(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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-0820106 (FEI number, if applicable)
4. Oate h tansacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 Vnii
6. 389 Palm (oast Parkway SW Unit 1 Palm (oast Fl. 32137 (Mailing Address)
Palm (oast Fl. 32137 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Nancy Cabaniss, Secretary 389 Palm Coast PKWySE + Palm Coast, FI 32137
Robert Cabaniss, MGRM Palm Coast, Fl 32137
8. 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.)
- RN Wal
Signature of an authorized person (In accordance with section 605.0203, 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 spendocument to the Department of State constitutes a third degree felony as provided for in s.817.455, F.S.).
Robert N. Cabanis S Typed or printed name 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:
Red Saturation 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:
Nancy Cabaniss
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Palm (oast FL 32137 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.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

(Signature)

9.3

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 554-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 147557

Visit https://app.sos.kv.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,

Red Saturation, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 16, 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 4th day of February, 2014, in the 222nd year of the Commonwealth.

THE TAKE THE PARTY OF THE PARTY

Alison Lundergan Grimes
Secretary of State

Commonwealth of Kentucky

147557/0835986



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2014

NANCY CABANISS 389 PALM COAST PARKWAY SW UNIT PALM COAST, FL 32137

SUBJECT: RED SATURATION, LLC Ref. Number: W14000003380

We have received your document for RED SATURATION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the Registered Agent.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00001166