# #11/40000/688

(Requestor's Name)					
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SEURE FARY OF STATE FALLAHASSEE, FLORIBLE

K.SALY EXAMINER MAR 14 2014

#### **COVER LETTER**

Div	vision of Corporations							
	Red e Production	s LLC						
SUBJECT:	Name of Limited Liability Company							
					sact Business in Florida," company to transact busin			
Please return	n all correspondence con-	cerning this matter to th	ne following:					
	Jonathan C Er	win						
		<u> </u>	Name of Person	· · · · · · · · · · · · · · · · · · ·	·			
	Red e Productions LLC							
	Firm/Company							
	12340 W. HWY U.S. 42 #706							
	Address							
	Goshen, KY 40026							
	City/State and Zip Code							
	jonathan@rede	eapp.com						
		E-mail address: (to be us	ed for future annual re	port notifica	tion)			
For further i	nformation concerning th	nis matter, please call:						
Jonathan C Erwin			502 at (	553-31	133			
<del></del>	Name of C	ontact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisi Regis Clifto 2661	cet Address: ion of Corporations tration Section in Building Executive Center Cinassee, FL 32301	rcle				
	is a check for the foll \$125.00 Filing Fee □	owing amount: 1\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Cop		☐ \$160.00 Filing Fee, Ce of Status & Certified (			

### 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: Red e Productions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Red e App LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Jefferson County, KY 45-1204349 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 216 S. Shelby Street, Suite 200 5. Louisville, KY 40202 (Street Address of Principal Office) 12340 W. HWY U.S. 42 #706 Goshen, KY 40026 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jonathan C. Erwin, CEO 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) 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Jonathan C Erwin

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 Red e Produc	ZOLIMA PER PER PER PER PER PER PER PER PER PER PER PER		
If unavailable, t	RIZ PR		
2. The name ar	nd the Florida street address of the	he registered agent and office are:	753 1000 05
Florida Street Address (P.O. Box NOT ACCEPTABLE)			<del></del>
	Tampa	<b>33607</b> FL	
		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.

Dan Keen - President

(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: 148694

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> 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 E PRODUCTIONS LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 15, 2011 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 11<sup>th</sup> day of March, 2014, in the 222<sup>nd</sup> year of the Commonwealth.

 $o_{\mathcal{E}D}$ 



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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