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TO: Registration Section **Division of Corporations**

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

UTC-FL Food Co, 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 a

Please return all correspondence concerning this ma	tter to the following:
Angela Coates	
	Name of Person
Bingham Green	ebaum Doll LLP
	Firm/Company
300 W. Vine Str	reet, Suite 1100
	Address
Lexington, KY 4	10507
	City/State and Zip Code
acoates@bgdle	gal.com
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Angela Coates	at (859) 288-4605
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amou	int:

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

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

		TES, THE FOLLOWING IS SUBMITTED TO REGISTER A INESS IN THE STATE OF FLORIDA:
UTC-FL Food Co, LL		THE EVEL OF THE STATE OF THE ST
		imited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate na Liability Company," "L.L.C," or "LLC		ing business in Florida. The alternate name must include "Limited
_{2.} Kentucky	3	
(Jurisdiction under the law of which company is organized)	foreign limited liability	(FEI number, if applicable)
4	Date Cast Constitution (a Classic	16.3
	Date first transacted business in Florida sections 605.0904 & 605.0905, F.S. to	a, it prior to registration.) o determine penalty liability)
5. 1056 Wellington	Way, Suite 190	
Lexington, Kentu	cky 40513	·
	(Street Address of Prin	ncipal Office)
6		
•		
	(Mailing Add	iress)
7. The name, title or capacity	y and address of the person(s)) who has/have authority to manage is/are:
One.23 Entertainme	ent Group, LLC	
1056 Wellington Wa	ay, Suite 190	
Lexington, Kentuck	y 40513	
naving custody of records in the acceptable. If the certificate is must be submitted)	he jurisdiction under the law in a foreign language, a trans	than 90 days old, duly authenticated by the official of which it is organized. (A photocopy is not slation of the certificate under oath of the translator
m aware that any false information submitte	the execution of this document constitutes a ed in a document to the Department of State	an affirmation under the penalties of perjury that the facts stated herein are true e constitutes a third degree felony as provided for in s.817,155, F.S.)
Royo	ce G. Pulliam, Mana	<u> </u>
	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.

The name of the Limited Liability Company is:	
JTC-FL Food Co, LLC	
unavailable, the alternate to be used in the state of Florida is:	
The name and the Florida street address of the registered agent and office are:	
Capitol Corporate Services, Inc.	
(Name)	
155 Office Plaza Drive, Ste A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301	
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.

Delance Case, asst- sec.

\$ 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: 149982

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,

UTC - FL FOOD CO, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 20, 2014 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 22nd day of April, 2014, in the 222nd year of the Commonwealth.

CONTRACTOR OF THE PARTY OF THE

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

149982/0882645