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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:
	Elizabeth Willenburg Name of Person
	Cold Capital, LLC
	P.O. Box 3866
	Padv cah KY 42001 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Effects Willenburg at (270) 408-4053 XII4 Name of Contact Person at (270) Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount: \$\Begin{array} \\$\\$125.00 \text{ Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

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:	
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Gold Castal LLC (Ventucky)	
(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.")	
M = M = M = M = M = M = M = M = M = M =	
2. (Jurisdiction under the law of which threign limited liability (FEI number, if applicable)	
company is organized)	
4. May 20 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. Stab Olivet Church Rd	
Padvah, KY 42001 (Street Address of Principal Office)	
6. P.O. Box 761elo	
Paducah, Ky 42001	
(Mailing Address).	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
) 4 (Hz
JOSF Golightly, President, 1040 Friedman Ln. Paduah, 1	1 40
, , , , , , , , , , , , , , , , , , ,	
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. 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.)	. 1
Jeff Cohantly	
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.

used in the state of Florida is: Capital, LLC at address of the registered agent an (Name) Ind Road a Street Address (P.O. Box NOT ACCEPTA	nd office are:	HAY 27 AM
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System Jan M. Duj	James M. Halpin Assistant Secretary	
	mated in this certificate, I hereby ac n this capacity. I further agree to co complete performance of my duties, nn as registered agent as provided fo	

\$ 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: 151004

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,

GOLD CAPITAL LLC.

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is june 15, 2009 and whose period of duration is perpetual.

I further certify that all fees and penalities owed to the Secretary of State have been paid; that articles of dissolution have not been filled; 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 Seaf at Frankfort, Kentucky, this 20th day of May, 2014, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

151004/0731844