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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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### **COVER LETTER**

TO: Registration' Section Division of Corporations	
SUBJECT: BSG, LLC Name of	Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	to the following:
Michael	Name of Person
BSG, LLC	Firm/Company
70 BOK 70	0 <b>969</b> Address
Louisville	City/State and Zip Code  B bsqfinancial.com  be used for future annual report notification)
Malvey (6 E-mail address: (to b	be used for furire annual report notification)
For further information concerning this matter, please ca	all:
Name of Contact Person	at ( 502 ) 581-1511, ext 236  Area Code Daytime Telephone Number
Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  C	TREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301
Enclosed is a check for the following amount:  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of State	, \

### 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.") BSG-Financial, 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.") Kentucky
(Jurisdiction under the law of which foreign limited liability company is presented)

(FEI number, if applicable) Q/15/2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 310 W Liberty St Ste 701 6. PO BOX 70969 Louisville, KY 40270-0969 7. The name, title or capacity and address of the person(s) who has/have authority to manageris Walter Barrett Nichols CEO PO Box 70969, Louisville, KY 40270 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.) Walter Barrett Nichols
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:	
BSG, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
BSG Financial, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Registered Agents, Inc	
/ (Name)	
3030 N. Rocky Point Dr Ste 150A Florida Street Address (P.O. Box NOT ACCEPTABLE)	.14.6
FIGHA SHEEL Addless (F.O. DOX NOT ACCEPTABLE)	EP T
Tampa FL 33607 SEC	9 (***** > 77
Chyromozip — ——————————————————————————————————	<b>₹</b> 77
Having been named as registered agent and to accept service of process for the above stated 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 provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, Flori Statutes.	and
Dan Keen, President (Signature)	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00

Designation of Registered Agent

## 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: 154966

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,

#### BSG. LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 30, 2000 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 12<sup>th</sup> day of September, 2014, in the 223<sup>rd</sup> year of the Commonwealth.

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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