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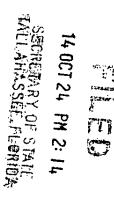
(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Studio A LLC (dba Kentucky Studio Architecture, 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 all correspondence concerning this matter to the following:

Anthony Butler				
	Name of Person			
Studio A LLC (dba Kentu	ucky Studio Architectu	ure, LLC)		
	Firm/Company			
1371 Bardstown Road				
	Address			
Louisville KY 40204				
City/State and Zip Code				
tony@studioaarch.co	m to be used for future annual	report notification)		
For further information concerning this matter, plea	`	report nonneautony		
Anthony Butler	_{at (} 502	, 589-8007, ext 2#		
Name of Person	Area Code & Daytimo	Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C			
rananassee, t E 52517	Tallahassee, FL 32301	AICIC		
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of States	ee & \$155.00 Filing Fo	ce & \$\int_{\text{s160.00 Filing Fee, Certificate}}^{\text{s160.00 Filing Fee, Certificate}} \text{of Status & Certified 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:

1 Studio A LLC	TO HOUSE BOLLING EVILL SIALS OF	TEOMEN.
(Name of Foreign Limited Liability	Company; must include "Limited Liability Company," "I	L.L.C.," or "LLC.")
Kentucky Studio Architectu		
(If name unavailable, enter alternate name adopted Liability Company," "L.L.C," or "LLC.")	d for the purpose of transacting business in Florida. The a	Iternate name must include "Limited
_{2.} Kentucky	_{3.} 04-3765049	
(Jurisdiction under the law of which foreign lin company is organized)	nited liability (FEI number	, if applicable)
_{4.} June 26, 2003		
(Date first t (See sections 6	ransacted business in Florida, if prior to registration.) 05.0904 & 605.0905, F.S. to determine penalty liability)	
5. As soon as approved,	09/15/2014	9
		ACC #
	(Street Address of Principal Office)	
6. 1371 Bardstown Road	, Louisville,KY 40204	2
		Fo ₹ M
	(Mailing Address)	EV N
7. The name, title or canacity and ad	dress of the person(s) who has/have authori	ity to manage is are:
	• • •	
Antihoriy ivi Butter Ividaliv	1" 1371 Bardstown Road, Lou	IISVIIIE KT 40204
		
	f existence, no more than 90 days old, duly	
	diction under the law of which it is organize	
acceptable. If the certificate is in a for must be submitted)	reign larguage, a translation of the certificat	e under oath of the translator
	// 1150	
<i>1</i> 50	Sutto	
	Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution am aware that any false information submitted in a docu	or of this document constitutes an affirmation under the penalties iment to the Department of State constitutes a third degree felony	s of perjury that the facts stated herein are true. It as provided for in s.817.155, F.S.)
Anthory M	M Butler	
	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:

Studio A LLC

If unavailable, the alternate to be used in the state of Florida is:

Kentucky Studio Architecture, LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Service	MS #	
(Namc)		
1200 South Pine Island Road		SSE P P
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation	_{FL} 33324	STANK STANK
	City/State/Zin	

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.

Kimberly Steinmetz, Vice President & Assistant Secretary NRAI Services, Inc.

(Signature)

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

K.Y.

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: 154264

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,

STUDIO A, L.L.C.

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 26, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State been paid; that articles of dissolution have not been filed; and that the most recent and that the most recent and the report required by KRS 14A.6-010 has been delivered to the Secretary of States.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 21st day of August, 2014, in the 223rd year of the Commonwealth



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

154264/0562875