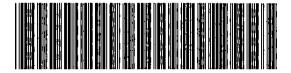
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Special Instructions to Filing Officer:	
Office Use	Only



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THOMAS E. NEAL, PLLC

ATTORNEY AT LAW

920 Frederica Street, Suite 105 Owensboro, Kentucky 42301 PHONE (270) 926-9911 FAX (270) 686-7905

October 22, 2014

Florida Department of State Division of Corporations Registration Section P. O. Box 6327 Tallahassee, Florida 32314

RE: Audubon Properties II, LLC

Dear Madam or Sir:

Enclosed find the following documents to be filed in your office for the qualification of the captioned Kentucky limited liability company to be qualified to hold title to real property in Florida:

- A) Application by Foreign LLC for authorization to transact business in Florida executed by Louise R. Douglass, sole member;
- B) Certificate of Existence issued by the Kentucky Secretary of State;
- C) Certificate of Designation of Registered Agent/Registered Office, executed by an authorized member of CT Corporation System; and
- D) Our firm check in the amount of \$130.00, representing the filing fee, designation of registered agent, and a certificate of status following the qualification of the LLC in your office.

If you have any questions, or desire any additional information, please do not hesitate to contact me. Thank you.

Sincerely,

THOMAS E. NEAL, PLLC

Thomas E. Neal

TEN/ap Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

AUDUBON PROPERTIES II, LLC

SUBJECT:

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:

Thomas E. Neal, Esq.
Name of Person
THOMAS E. NEAL, PLLC
Firm/Company
920 Frederica Street, Suite 105
Address
Owensboro, Kentucky 42301
City/State and Zip Code
tomneal1554@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas E. Neal

_{at} 270

926-9911

Name of Contact Person

Area Code

Daytime 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 Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$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

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:

. AUDUBON PROPERTIES II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	<u>भारक</u>			
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," L.L.C., or	LLC.)			
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate national international int	me musi	include	"Limited	
Kentucky 3. 30-0512540				
urisdiction under the law of which foreign limited liability (FEI number, if applicable)				
October 1, 2014 - after conveyance of title to the LLC				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)				
c/o Jeffery L. Murphey, 3448 Oaklane Drive				
				
Philpot, Kentucky 42366 (Street Address of Principal Office)				
c/o Jeffery L. Murphey, 3448 Oaklane Drive				
Philpot, Kentucky 42366				
(Mailing Address)	₩.co			
7. The name, title or capacity and address of the person(s) who has/have authority to ma	ınage;is	3/agg:		
Jeffery L. Murphey, Agent	HASE MASS	2.13	2.72 k. 979-7	
3448 Oaklane Drive				
	<u> </u>		favorati F	
Philpot, Kentucky 42366	£ ×	<u> </u>		
		7		
Attached is an original certificate of existence, no more than 90 days old, duly authent aving custody of records in the jurisdiction under the law of which it is organized. (A plant of the plant of t				
ecceptable. If the certificate is in a foreign language, a translation of the certificate under	-			
nust be submitted)				
\checkmark . ρ ρ				
Signature of an authorized person accordance with section 605 0203. F.S., the execution of this document constitutes an affirmation under the penalties of perjury	_			
n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury m aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	that the fac	ets stated	herein are t	

Louise R. Douglass, Sole Member

Typed or printed name of signee

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: 154305

Visit https://app.sos.kv.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,

AUDUBON PROPERTIES II, LIC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 12,2008 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 August, 2014, in the 223rd year of the Commonwealth.

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

154305/0685364

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.

	Limited Liability Compa	•			
If unavailable, the	alternate to be used in the	state of Florida is:			
2. The name and the	ne Florida street address o	f the registered agent and of	fice are:		
CT CORPORATION SYSTEM					
 -		(Name)			
1200 South Pine Island Road					
	Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)			
Pl	antation	FL 33324			
		City/State/Zip			
lability company al egistered agent and tatutes relating to t	the place designated in the dagree to act in this capacitie proper and complete pens of my position as registed. (Signate	o accept service of process for is certificate, I hereby accept sity. I further agree to complete formance of my duties, and ered agent as provided for in Jordan Brown, Vare	the appointment dely with the provisions of B I am familiar with and Chapter 605, Fightla		
	\$ 100.00	Filing Fee for Application			

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)