

M14 000008140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

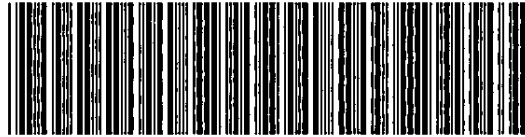
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 11 2014



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PLLC
2000 PNC PLAZA
500 WEST JEFFERSON STREET
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MAIN: (502) 333-6000
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TENNIA Y. HILL, CKP
DIRECT DIAL: (502) 560-4207
DIRECT FAX: (502) 627-8707
tennia.hill@skofirm.com

December 3, 2014

VIA U.S. EXPRESS MAIL

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

Re: Playa Depot, LLC

Dear Sir or Madam:

Enclosed are an original and one photocopy of the Application by Foreign Limited Liability Company for Authorization to Transact Business for the above referenced entity, along with a check in the amount of \$125.00, representative of the filing fees. Please return the file stamped copies to me in the enclosed self-addressed envelope.

If you have any questions, please feel free to contact me.

Sincerely,

Tennia Y. Hill
Certified Kentucky Paralegal

Enclosures

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

✓ *IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Playa Depot, LLC
(Name of Foreign 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kentucky 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

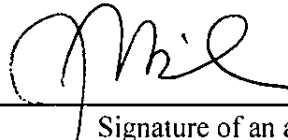
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Kaden Tower - 6th Floor, 6100 Dutchmans Lane
Louisville, Kentucky 40205
(Street Address of Principal Office)

6. Kaden Tower - 6th Floor, 6100 Dutchmans Lane
Louisville, Kentucky 40205
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage/are:
J. Mark Blieden, Manager
Kaden Tower - 6th Floor, 6100 Dutchmans Lane
Louisville, Kentucky 40205

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by an 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.)

J. Mark Blieden, Manager

Typed or printed name of signee

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34 DEC -5 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Playa Depot, LLC

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

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

Capitol Corporate Services, Inc.

(Name)

155 Office Plaza Drive, Suite 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.

Bayle Winable, asst secretary
(Signature)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -5 AM 7:53

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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: 157940

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,

PLAYA DEPOT, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 1, 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 3rd day of December, 2014, in the 223rd year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
157940/0898530

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
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Commonwealth of Kentucky
157940/0898530