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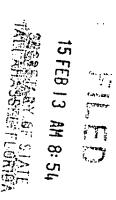
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COVER LETTER

TO:	Registration Section
	Division of Corporation

CWJ Rentals, 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.

Christoph	ner W. Jon	es	
·		Name of Person	
CWJ Rer	ntals, LLC		
Andrew 1	1	irm/Company	
9609 Tar	narisk Parl	kway	
	· · · · · · · · · · · · · · · · · · ·	Address	
Louisville	, KY 4022	3-2859	
	City/S	State and Zip Code	
jonescwj8	3147@gma	ail.com	
	E-mail address: (to be use		ort notification)
For further information concerning th	is matter, please call:		
Christopher \	W. Jones	_{at (} 502	396-7088
Name of Co	ontact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registi Cliffon 2661 F	ET ADDRESS: on of Corporations ration Section Building Executive Center Circ issec, FL 32301	ele
Enclosed is a check for the follo	owing amount:		

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. CWJ Rentals, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.	C.," or "(T.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter Liability Company," "L.L.C," or "LEC,")	nate name must include "Limited
, Kentucky	
(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)	
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 9609 Tamarisk Parkway	
Louisville, KY 40223-2859	
(Street Address of Principal Office)	
6. 9609 Tamarisk Parkway	
Louisville, KY 40223-2859	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority	to manage is/are:
Christopher W. Jones, sole member	
	T S
	B
	I B I'm
8. Attached is an original certificate of existence, no more than 90 days old, duly authaving custody of records in the jurisdiction under the law of which it is organized, acceptable. If the certificate is in a foreign language, a translation of the certificate unust be submitted)	(A photogopy is not
Cluntyph h Jones	
Signature of an authorized person th 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.)
Christopher W. Jones	

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 CWJ Rentals, LLC	y Company is:	***************************************		
If unavailable, the alternate to be use	ed in the state of Florida is:			
2. The name and the Florida street a	address of the registered agent and office are:	and transformer of their falls have the first of the		
Jonathan [D. Lack			
	(Name)	_		
909 S. Miramar Ave.				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Indialantic	32903 FL	_		
	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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 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: 160142

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,

CWJ RENTALS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 22, 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 5th day of February, 2015, in the 223rd year of the Commonwealth.

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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