#1/150000002452

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(0-	A Nimelean	
(Ud	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500270517185

03/16/15--01052--021 **777.50

03/16/15--01052--020 **125.00

SECKETARY OF STAFE

TE

K.SALY EXAMINER APR - 3 2015

STURM, PALETTI & WILSON

ATTORNEYS AT LAW

713 East Market Street, Suite 100 Louisville, KY 40202

Howard S. Sturm Paul R. Paletti, Jr. William R. Wilson A. Cary Peter, Jr.

Telephone: (502) 589-9254 Facsimile: (502) 584-7311 hsturm@spwlegal.com ppaletti@spwlegal.com wwilson@spwlegal.com cpeter@spwlegal.com

March 4, 2015

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

Re: Application to Register Foreign LLC

To Whom It May Concern:

Enclosed please find the following documents:

- 1. Application to Register Foreign LLC/Designation of Registered Agent
- 2. Kentucky Certificate of Existence LHW LLC
- 3. Check #1304 in the amount of \$125.00 for the application fee and Check #1305 in the amount of \$777.50 for assessed penalties.

Thank you very much for your assistance with our request to register this Foreign LLC, and please let me know if you have any questions.

Very truly yours,

STURM, PALETTI & WILSON

A. CARY PETER, JR.

ACP/maw

Enclosures

S \CLIENTS\ACP\Walker,Lois-LHWLLC\ACP Ltr to FL Div of Corp 3 4 15 - Walker, Lois docx

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: LHW LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:
Lois H. Walker
Name of Person
LHW LLC
Firm/Company
11008 Kings Crown Drive
Address
Louisville, KY 40059
City/State and Zip Code
dunedingirl61@gmail.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
A. Cary Peter, Jr., Esq _{st/} 502 \ 589-9254
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
nclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy 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. LHW LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "I	L.C.," or "LLC.")
L Walker Properties, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The a Liability Company," "L.L.C," or "LLC.")	lternate name must include "Limited
2. Kentucky 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number	, if applicable)
February 2013	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
_{5.} 11008 Kings Crown Drive	2015
Prospect, KY 40059	
(Street Address of Principal Office)	SOFT OF IM
6. 11008 Kings Crown Drive	mg p
Prospect, KY 40059	2:5
(Mailing Address)	င်က ယ
7. The name, title or capacity and address of the person(s) who has/have authority	ty to manage is/are:
Lois H. Walker, Manager	
11008 Kings Crown Drive	
Prospect, KY 40059	
8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificat must be submitted)	ed. (A photocopy is not

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.)

Lois H. Walker

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.

The name of the Limited Liability Company is: LHW LLC	
If unavailable, the alternate to be used in the state of Florida is: L Walker Properties, LLC	2015
2. The name and the Florida street address of the registered agent and office ar	The state of the s
Lois H. Walker	2: 53
(Name)	7 CO
13949 River Willow Place	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tampa 33637 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: 160402

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,

LHW LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 12, 2012 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 13th day of February, 2015, in the 223rd year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

160402/0837944