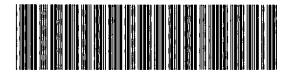
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(Requestor's Name)	
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☐ PICK-UP ☐ WAIT ☐ MAIL	
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Certified Copies Certificates of Status	
Consideration A. Eller Office	
Special Instructions to Filing Officer:	



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COVER LETTER

TO: Registration Section Division of Corpor			
Comfy Cow LI	.c		
50bjec1:	Name of	Limited Liability Company	
The enclosed "Application b Existence, and check are sub	y Foreign Limited Liability Com mitted to register the above refer	pany for Authorization to Trenced foreign limited liabili	ransact Business in Florida," Certificat ity company to transact business in Flo
Please return all corresponde	nce concerning this matter to the	following:	
Donald C.	Berg, CEO and Nelea Absher, C	Counsel	
	N	lame of Person	
Comfy Co	w LLC		
	F	irm/Company	
2221 Fran	sfort Avenue		
		Address	
Louisville	KY 40206		
	City/S	State and Zip Code	
neleaabsher	@gmail.com;don@thecomfycow	com.	
	E-mail address: (to be use	d for future annual report no	otification)
For further information conce	erning this matter, please call:		
Nelea Absher		502 819-75	
Na	me of Contact Person	Area Code Da	ytime Telephone Number
MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	tions	Divisior Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301
Enclosed is a check for the fo □ \$125.00 Filing Fe		□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

15 AUG -7 PM 3: 30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY UF STATE TALLAHASSEE, FLORIDA

July 16, 2015

DONALD C. BERG 2221 FRANKFORT AVENUE LOUISVILLE, KY 40206

SUBJECT: COMFY COW LLC Ref. Number: W15000047653

We have received your document for COMFY COW LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the titles for Tim and Roy. Note I am only returning page (1).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00014914

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANYTOTRANSACT BU	ISINESS IN THE STATE C	F FLORIDA:			
	eign Limited Liability Co	mpany; must include "Li	mited Liability Company,"	"L.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.'		the purpose of transacting	ng business in Florida. The a	alternate name must in	nclude "Limited
2 Kentucky	·	3. 27-3	831857		
(Jurisdiction under the law company is organized)	of which foreign limited	liability	(FEI number, i	f applicable)	
4					
	(Date first transa (See sections 605.0	ncted business in Florida, 1904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)		
5. 2221 Frankfort Avenue	}				
Louisville, KY 40206			and the second districts and the second distri	·	
6. 2221 Frankfort Avenue		Address of Principal Offic	ce)		
Louisville, KY 40206					
		(Mailing Address)			経過し
7. Name and street addres	s of Florida registered	agent: (P.O. Box NO	Tacceptable)		
Name:	Northwest Registere	d Agent, LLC	<u> </u>		MIN: 3
Office Address:	3030 N. Rocky Point	Drive, Stc. 150A			异田 坐
	Tampa		, Florida <u>3360</u>	7	
		(City)	(2	(ip code)	
Registered agent's accept Having been named as re- this application, I hereby with the provisions of all s the obligations of my posi-	gistered agent and to accept the appointme statutes relative to the tion as registered age	nt as registered agent o proper and complete p nt.	and agree to act in this c performance of my dutie	apacity. I further	agree to comply
	<u> </u>	(Registered agent's s	signature		
8. The name, title or capa	acity and address of the	e person(s) who has/ha	ve authority to manage is	/are:	
Donald C. Berg, CEO, 222	•	•			
Tim Koons-McGee, 102 A	Adair Ave., Shelbyville	e, KY 40065	viet Brand	Officer	(CBO)
Roy Koons-McGee, 102 A	Adair Ave., Shelbyville	e, KY 40065 Chie	of operating	officer	_(CBO) _(COO)
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organize	d. (If the certificate is i Helle.)	authenticated by the officen a foreign language, a transluse.	cial having custody	of records in the tificate under oath
		Signature of an authorit	zed person		
This document is executed submitted in a document to			Florida Statutes. I am aw		

Typed or printed name of signee

/s/ Nelea Absher

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.

	f the Limited Liability	/ Company is:	,
If unavailable,	the alternate to be use	d in the state of Florida is:	
2. The name ar	nd the Florida street a	ddress of the registered agent and office are:	
	Northwest	Registered Agent LLC	NIS ALG
		(Name)	一 蒙 4
	3030 N. Ro	ocky Point Dr, Ste 150A	温泉 畫
	Florida Si	treet Address (P.O. Box NOT ACCEPTABLE)	E STATE
	Tampa	FL 33607	· · · · · · · · · · · · · · · · · · ·
		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: 165780

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,

COMFY COW, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 6, 2010 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 9th day of July, 2015, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

165780/0772907