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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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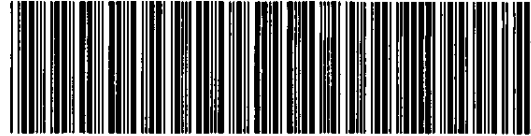
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 JAN 26 PM 1:35  
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TALLAHASSEE FLORIDA

JAN 27 2016  
J. HARRIS

REYNOLDS, JOHNSTON, HINTON & PEPPER, LLP

ATTORNEYS AT LAW

POST OFFICE BOX 4000

BOWLING GREEN, KENTUCKY 42102-4000

310 EAST 11TH AVENUE

MIKE REYNOLDS

LARRY F. HINTON

LINDSAY H. HINTON

TELEPHONE 270/782-3636

FAX 270/842-4753

111 CALLAWAY COURT

R. HARVEY JOHNSTON III

H. HARRIS PEPPER, JR.

TELEPHONE 270/782-3636

FAX 270/901-4684

January 18, 2016

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

RE: D and L Foster, LLC – Application by Foreign Limited Liability Company  
for Authorization to Transact Business in Florida

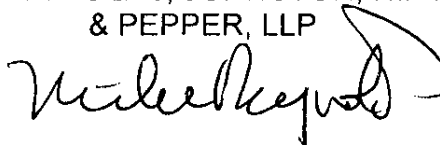
Dear Clerk:

Enclosed please find the properly executed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" for D and L Foster, LLC, as well as an original Certificate of Existence from the Kentucky Secretary of State. We have also enclosed herein a check in the amount of \$130.00 made payable to the "Florida Department of State" as payment for the filing fee and a Certificate of Status. Please proceed with the processing of the enclosed paperwork.

If you need anything else in order to establish this company for authorization to transact business in Florida, please contact my office at (270) 782-3636.

Very truly yours,

REYNOLDS, JOHNSTON, HINTON,  
& PEPPER, LLP



MIKE REYNOLDS

MR/jac  
Enclosures

Cc: Doug Foster

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D AND L FOSTER, 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..

Please return all correspondence concerning this matter to the following:

DOUG FOSTER  
Name of Person

D AND L FOSTER, LLC  
Firm/Company

912 HIGHLAND WAY  
Address

BOWLING GREEN, KY 42101  
City/State and Zip Code

douglfooster@twc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE REYNOLDS (ATTORNEY) at (270) 782-3636  
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:*

1. D AND L FOSTER, I.LC  
(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. n/a  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 912 HIGHLAND WAY  
BOWLING GREEN, KY 42104  
(Street Address of Principal Office)

6. 912 HIGHLAND WAY  
BOWLING GREEN, KY 42104  
(Mailing Address)

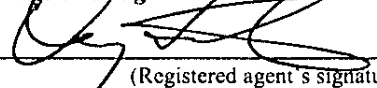
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DOUG FOSTER

Office Address: 676 SANTA ROSA BLVD., UNIT 2-P  
FORT WALTON BEACH, Florida 32548  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X   
(Registered agent's signature)

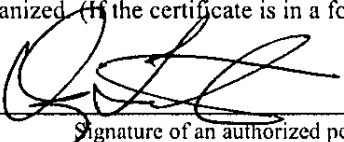
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Doug Foster (Member/Manager)

912 HIGHLAND WAY

BOWLING GREEN, KY 42104

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

X   
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DOUG FOSTER

Typed or printed name of signee

FILED  
2018 JAN 26 PM 1:35  
TALLAHASSEE FLORIDA

**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: 172321

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,

**D AND L FOSTER, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 12, 2016 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 21<sup>st</sup> day of January, 2016, in the 224<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
172321/0941274