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COVER LETTER

TO: Registration Section , Division of Corporations						
SUBJECT	BELKNAP EXCHANGE COMP	ANY I, LLC				
SOBOLCI		imited Liability Company				
		my for Authorization to Transact Business in Florida," Cer need foreign limited liability company to transact business				
Please retu	irn all correspondence concerning this matter to the fo	ollowing:				
	DOROTHY A. OSBORNE, PARALEGAL					
Name of Person						
	MIDDLETON REUTLINGER					
Firm/Company						
4965 U.S. HIGHWAY 42, SUITE 2800						
Address						
	LOUISVILLE, KY 40222					
City/State and Zip Code						
trip1@bellsouth.net						
	E-mail address: (to be used	for future annual report notification)				
For further	information concerning this matter, please call:					
G	Gregory A. Compton, Esq.	502 724-6499 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Di Ro P.	IAILING ADDRESS: Division of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	s a check for the following amount: 1 \$125.00 Filing Fee \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy ☐ Status & Certified Copy	icate			



4965 U.S. Highway 42 Suite 2800 Louisville, KY 40222 www.middletonlaw.com

Dorothy A. Osborne Main: 502.584.1135 Direct: 502.625.2861 Fax: 502.588.1966 dosborne@middletonlaw.com March 4, 2016 Via Overnight Delivery

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Foreign Limited Liability Company – Qualification in Florida

Dear Sir or Madam:

Enclosed please find the original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Belknap Exchange Company I, LLC, a Kentucky limited liability company, which I ask that you file with your office. I have also enclosed a Certificate of Existence issued by the Kentucky Secretary of State's Office.

As you will see from the Application, this entity has been doing business in Florida since August 2013. Pursuant to my discussion with Sheila of your office this week, she advised that the penalty for the failure of this entity to qualify to do business in Florida would be \$916.25. I have enclosed a check made payable to the Florida Department of State in the amount of \$1,046.25, representing the filing fee for the Application (\$125.00), the fee for a Certificate of Status (\$5.00), and the penalty for failing to qualify (\$916.25).

Please return a file-stamped copy of the Application, along with the Certificate of Status, to me at the address shown above.

Should you have any questions or concerns, please do not hesitate to contact me. Thank you for your assistance in connection with this matter.

Very truly yours,

DOROTHY A. QSBORNE

Paralegal

/dao

Enclosures

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

	TION 605.0X12, FLORIDA STATOTES, THE POL ISINESS IN THE STATE OF FLORIDA:	LOWNING IS SUBMITTED TO REGISTER A PC	TTERRORE CENTRAL PROBLEM
1	BELKNAP EXCHANGE COMPA	•	
(Name of Fore	eign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "I	.LC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transaction or "LLC.")	ting business in Florida. The alternate name	must include "Limited
2. KENTUCK	ΣΥ 3,		
(Jurisdiction under the law company is organized)	of which foreign limited liability 3	(FEI number, if applicable)	
4.	VOGOP1 7012		
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	n, if prior to registration.) to determine penalty liability)	
5. 614 WOODLAKE	E DRIVE, LOUISVILLE, KY 40245		
	(Street Address of Principal O	ffice)	
6. 614 WOODLAKE	DRIVE, LOUISVILLE, KY 40245		HAR T
vi			
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box N	IOT acceptable)	THE S
Name:	Capitol Corporate Services, Inc.		PH 4: 17
Office Address:	155 Office Plaza Drive, Suite A		5 ₹ -
	Tallahassee	, Plorida 32301	
	(City)	(Zip code)	
designated in this application to comply with the provision	gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper an my position as registered agent. Outhur Ca	egistered agent and agree to act in this decomplete performance of my duties, o	capacity. I further agree
	(Registered agent'	s signature)	
8. The name, title or capa	city and address of the person(s) who has/l	nave authority to manage is/are:	
William C. Carpenter, Ma	nager, 614 Woodlake Drive, Louisville, Ke	entucky 40245	
Charles L. Triplett, Manag	ger, 2327 Lime Kiln Lane, Louisville, Kent	ucky 40222	
9. Attached is a certificate jurisdiction under the law to fine translator must be su	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is ibmitted) Signature of an author	s in a foreign language, a translation of the	stody of records in the he certificate under onth
This document is executed submitted in a document to	in accordance with section 605,0203 (1) (but the Department of State constitutes a third and but the b), Florida Statutes. I am aware that any f degree felony as provided for in s.817.1	alse information 55, P.S. (A (A) O)
	Typed or printed nam	HY JULY TEV 11 H	nryei

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: 173711

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,

BELKNAP EXCHANGE COMPANYI, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 25, 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 27th day of February, 2016, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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