M1600000 a689

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



800284025528

16 MAR 31 AM 9: 24 16 MAR 31 PM 3: 45
SECRETARY OF STATE TO ACCHOMISED ACCHOMISED ACCHOMISED ACCHOMISED ACCHOMISED ACCOMISED A

THE RESERVED

1. HARRIS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/31/16

NAME:

JACK WOLF CONSULTING, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

DIV	vision of Corporation						
SUBJECT:	Jack Wolf Consulting, LLC BJECT: Name of Limited Liability Company						
The enclosed Existence, as	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limi	tion to Tra ted liability	nnsact Business in Florida," y company to transact busir	Certificate o	
Please return	n all correspondence o	concerning this matter to the	following:				
	Jill L. Battcher						
	Name of Person						
	Frost Brown To	odd LLC					
	Firm/Company						
	400 West Market Street, 32nd Floor						
			Address	•			
	Louisville, KY	40202					
		City/S	tate and Zip Code				
	jbattcher@fbtlaw	z.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further it	nformation concernin	g this matter, please call:					
Jill	Battcher		502 at (779-87	25		
	Name o	f Contact Person	Area Code	_/	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		·	Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle see, FL 32301			
	a check for the follow \$125,00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	SL\$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Conf Status & Certified Con		

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 LIMINITY COMPANY TO TRANSACT BUSINESS IN THE STATE, OF FLORIDA:

1. Jack Wolf Consulting, (Name of For	LLC eign Limited Liability Company; must include "I	imited Liability Company," "L.L.C.," or "I	.LC.")	
(If name unavailable, enter a	ternate name adopted for the purpose of transact			"Limited
Liability Company," "L.L.C, 2 Kennicky	" or "LLC.")			
	of which foreign limited liability	(PEI number, if applicable)		
company is organized)		,,		
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. tr	if prior to registration		
4-	·SAC.1	ht sha s		
5. 6706 Elmeroft Circle				
Louisville, KY 40241				•
	(Street Address of Principal Off	ice)		
6, 6706 Elmoroft Circle			产生	C >
Louisville, KY 40241			100 100 100	工数 25
130034110, 121 40241	(Mailing Address)			్పే ,
7. Nous and atmost of the		200	22	····
7. Name and street addres	s of Florida registered agent: (P.O. Box NO	- '	mQ.	
Name:	CAPITOL CORPORATE SERVICES, IN	C	S	بي
Office Address:	155 OFFICE PLAZA DR STE A		물목	9: 21
	TALLAHASSEE	32301	\Q.E.	1 50 10
	(City)	, Florida 3230! (Zip code)		
designated in this applicate to complywith the provision	gistered agent and to accept service of procition, I hereby accept the appointment as regons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this complete performance of my duties, a	capacity. 1 j ind 1 am fai	further agr
	(Registered agent's	signature)		
	city and address of the person(s) who has/has/Elmeroft Circle, Louisville, KY 40241	ve authority to manage is/are;		
			· · ·	1 3 3 3 3
9. Attached is a certificate purisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly of which it is organized. (If the scrifficate is ibmitted) Signature of an author	in a foreign language, a translation of th	stody of reco	ords in the under oath
THE STATE OF THE S	. ()	•		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third d Jill Battcher, Organizer	Florida Statutes. I am aware that any fa egree felony as provided for in s.817.13	alse informa 55, F.S.	tion
	Typed or printed name	of cignat		

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: 174844

Visit https://app.sos.ky.gov/ftshow/certyalidate.aspx to authenticate this certificate.

I, Allson 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,

Jack Wolf Consulting, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 24, 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 30th day of March, 2016, in the 224th year of the Commonwealth.

IdA rad soloa d



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

174844/0948083