# M1600006315

(Requestor's Name)
(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: W IV-53523
8/9/10 Fred Rogers Auth. correction of R.A. name (3)

Office Use Only



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08/01/16--01022--001 \*\*130.00



**S Warren** AUG 0 9 2016

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August 2, 2016

FREDRICK O. RODGERS 3306 CLAYS MILL ROAD, SUITE 107 LEXINGTON, KY 40503

SUBJECT: JS KNIGHT PROPERTIES, LLC

Ref. Number: W16000053523

We have received your document for JS KNIGHT PROPERTIES, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Letter Number: 716A00016218

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO:

Registration Section

Divis	sion of Corporatio	ns				
SUBJECT: _	JS Knight Propertie				:	_
			Limited Liability (	Company		
		reign Limited Liability Comp ed to register the above refer				
lease return a	all correspondence	concerning this matter to the	following:			
	Fredrick O. Ro	dgers				
		N	ame of Person			-
	Virginia L. Lav	wson & Associates, P.S.C.				
	Firm/Company					
	3306 Clays Mill Road, Suite 107					
	Address					-
	Lexington, Kentucky 40503					
		City/S	tate and Zip Code			-
	frodgers@vlaws	on.com				
		E-mail address: (to be used	d for future annual	report no	tification)	-
For further inf	formation concerning	ng this matter, please call:				
Fred	Fredrick O. Rodgers		859 at (	233-18	82	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	•
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ving amount:  ■ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy		□ \$160.00 Filing Fee, C of Status & Certified Co	

## 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:

JS Knight Properties, LLC
(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.")
Commonwealth of Kentucky
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)  n/a
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty hability)  5. 4793 Rhema Way
Lexington, Kentucky 40514
(Street Address of Principal Office)
6. 4793 Rhema Way
Lexington, Kentucky 40514  (Mailing Address)  (Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Russell to Russell Vacation Rentals, LLC
Office Address: 215 Grand Blud, Suite 101
Miramar Beach, Florida 32550 (City) , Florida (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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an
accept the obligations of my position as registered agent.
John Russell
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
James L. Knight, Member, 4793 Rhema Way, Lexington, Kentucky 40514
Sue Knight, Member, 4793 Rhema Way, Lexington, Kentucky 40514
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)
Jam Pangl
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.
Typed or printed name of signee
Typed or printed name of signee

# Commonwealth of Kentucky 7/15/2016 Alison Lundergan Grimes, Secretary of State

Division of Corporations Business Filings P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Existence**

Authentication Number: 178560

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> 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,

SKNIGHT PROPERTIES LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is July 12/2016.

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 KR\$\tilde{275}\tilde{190}\takes 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 15th day of July, 2016.

Alison Lundergan Grimes Secretary of State

Commonwealth of Kentucky

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