# MIDDW7248

(Red	questor's Name)		
(Add	dress)		
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(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	ne)	
· (Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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9900 SHELBYVILLE ROAD - SUITE 1B - LOUISVILLE, KY - 40223 PHONE (502) 882-1609 - FAX (502) 805-0708

#### To Whom It May Concern:

Please find the enclosed application to register our company, Fair Way Lending LLC, as a foreign Limited Liability Company with the state of Florida. We have enclosed the required Florida Department of State Division of Corporations application along with our check & Certificate of Existence for our home state of Kentucky.

Please feel free to contact me at the above number should you have any questions regarding our application.

Thanks in advance for all of your support and assistance.

Regards,

Ryan McConnaughy President

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: FAIR WAY LENGTH OX UC  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:					
Lim Kamber					
Name of Person					
Fair Way Lending					
Firm/Company O					
9900 ShelbynleRd #IB					
I Address					
Louisville, RY 40223					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Km Kowber at 502 U49 U195  Name of Contact Person Area Code Daytime Telephone Number					
·					
MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations					
Registration Section Registration Section					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount:      \$125.00 Filing Fee   \$130.00 Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate     Certificate of Status   Certified Copy   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 F COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN I	IMITEI	LIABILITY
FAIR WAY LENDINGS LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")		<del>-</del>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	e must inch	ıde "Li	 mited
Liability Company," "LLC," or "LLC.")  2. Klatuker  3. 47-2565675	5	,	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)			_
4			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 9900 Shelbyrtle Rd #13			
Louisville, fy 40223			
(Street Address of Principal Office)  9900 Sholbly The Pd # 18	<b>≥</b> 5	5	
10100111 1110002		SEP	
(Mailing Address)	ASSI	12	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	THIS I	2	
Name: Wendy Lewis (Agua Title)		<del></del>	
Office Address: 36150 Emerald Coast PARKWAY		$\frac{\omega}{2}$	
Destin Florida 32591			
(City) (Zip code) Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated limited liabili designated in this application, I hereby accept the appointment as registered agent and agree to act in this	ity compar capacity.	iy at th I furt	e place her agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.			
MAN Som			
(Registered agent's signature)			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
Kin Kumber (member)			
9900 Shelbyrlu Rd # 113			
Louisnue, of 40003			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of			
of the translator must be submitted)	me cermic	ale un	der oam
- Am Hamber			
Signature of an authorized person	61		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	155, F.S.	mation	
Eym Kanble			

## 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: 180471

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,

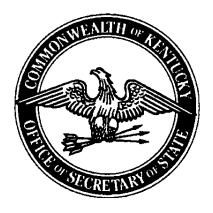
## FAIR WAY LENDING LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 20, 2014 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 8<sup>th</sup> day of September 2016, in the 225<sup>th</sup> year of the Commonwealth

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Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

180471/0895139