# MIL000007267

(Re	equestor's Name)	·			
(Ac	ldress)				
(Ac	ldress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



000289962540

09/12/16--01036--008 \*\*125.00

6 SEP 12 PN 4: 48

#### **COVER LETTER**

Į

		istration Section sion of Corporation	as.				
SUBJEC		BOAM Holdings, L	LC				
SOBULC	<b></b>		Name of I	imited Liability (	Company		
			eign Limited Liability Comp d to register the above refere				
Please re	eturn	all correspondence c	oncerning this matter to the	following:			
		George E. Stric	kler, Jr.				
			Na	ime of Person			
		Bell, Ort, Ayers	& Moore, P.S.C.				
Firm/Company							
PO Box 738							
				Address			
		Bowling Green,	KY 42102				
			City/St	ate and Zip Code			
		strickler@boamle	iw.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furth	ner in	formation concerning	g this matter, please call:				
	Geo	rge E. Strickler, Jr.		270 at (	781-811	1	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		check for the follow 125,00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. BOAM Holdings, LLC						
(Name of For	eign Limited Liability Company; must i	include "Limited Liabilit	y Company," "L.L.C.," or "	LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C,	iternate name adopted for the purpose o	of transacting business in	Florida. The alternate name	must include	"Limit	ed
2. KY		3.				
(Jurisdiction under the law company is organized)	of which foreign limited liability		FEI number, if applicable)			
4	(Date first transacted huniness	in Florida (Envior to rea	intention )			
	(Date first transacted business (See sections 605.0904 & 605.09	05, F.S. to determine pe	nalty liability)			
5. 1010 College Street						
Bowling Green, KY 42	101					
	(Street Address of Pri	ncipal Office)				
6. PO Box 738				77.60	<del>=</del>	
Bowling Green, KY 42	102				33	
	(Mailing Ad	dress)			9	71
7 Name and street address	ss of Florida registered agent: (P.O.	Boy NOT accentable	a)	SSE SSE	2	[
Name:	CT Corporation System	. Box <u>1101</u> deceptuor	.,		PH	ED
	1200 South Pine Island Road			LOR LOR	8h : h Hd	
Office Address:	Di. A.C.		22204	<b>9</b> F	œ	
	Plantation (City)	, :	Florida 33324 (Zip code)	•		
designated in this applica to complywith the provisi		ent as registered agen	t and agree to act in this rformance of my duties,	capacity. I	furthe	r agree
	Kuf	<del>[</del>		t Secretary		
	(Registere	ed agent's signature)		•		
8 The name title or cans	acity and address of the person(s) w	the hee/heve entherity	to manage islare:			
	, PSC is the sole member of this co	•	<del>-</del>			
authorized to mange this o						
				<del></del>		
		ificate is in a foreign l	anguage, a translation of			
	Signature of	an authorized person				
This document is executed submitted in a document to	in accordance with section 605.020 the Department of State constitutes	03 (1) (b), Florida Stat s a third degree felony	utes. I am aware that any as provided for in s.817.1	false informa 55, F.S.	tion	

George E. Strickler, Jr., Vice President of Bell, Orr, Ayers & Moore, PSC

Typed or printed name of signee

## **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: 180501

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,

### **BOAM HOLDINGS, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 17, 2005 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.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

180501/0608598