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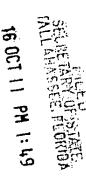
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## COVER LETTER.

TO:		ation Section n of Corporations	, 3					
SUBJE		lley Peloton, LLC						
SUBJE	oci:	<del></del> -	Name of I	Limited Liability C	ompany	, , , , , , , , , , , , , , , , , , , ,	•	
			ign Limited Liability Comp to register the above refere					
Please	return all	correspondence co	oncerning this matter to the	following:				
		Sheila W. Tolley	y					
Name of Person								
Tolley Peloton, LLC						<b>- 2 2 3 3 3 3 3 3 3 3 3 3</b>		
	Firm/Company						8	
	605 Dicksonia Circle					1 S.W.		
	Address						2	
	Lexington, KY 40517					16 OCT 11 PM 1:49		
	City/State and Zip Code						<b>5</b>	
swomackt@aol.com								
E-mail address: (to be used for future annual report notification)								
For fu	rther infor	mation concerning	g this matter, please call:					
Katharine M. Sagan		859 at (	231-30 <i>5</i> _)		_			
		Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclos		eck for the follow 5.00 Filing Fee	ing amount:  \$\Boxed{1} \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof 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: Tolley Peloton, 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.") 3. <u>47-566 8106</u> (FEI number, if applicable) Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 605 Dicksonia Circle Lexington, KY 40517 (Street Address of Principal Office) 605 Dicksonia Circle Lexington, KY 40517 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Corporate Research, Ltd., Inc. Name: 115 North Calhoun Street, Suite 4 Office Address: , Florida 32301 Tallahassee (City) 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 and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Sheila W. Tolley, Managing Member, 605 Dicksonia Circle, Lexington, KY 40517 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) This document is executed in accordance with section 605.0203 (1) (b), Plocida Statutes. I am aware that any false information

Kenneth R. Sagan, attorney-in-fact for Sheila W. Tolley, Managing Member

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

# 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: 181533

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,

## **TOLLEY PELOTON, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 8, 2015 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 State Frankfort, Kentucky, this 4<sup>th</sup> day of October, 2016, in the 225<sup>th</sup> year of the Commonwealth.





Alison Lundergan Grimes Secretary of State

Commonwealth of Kentucky

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