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JANET M. WELLING DIRECT DIAL: (513) 639-3832 FACSIMILE: (513) 579-6457 E-MAIL: JWELLING@KMKLAW.COM

December 16, 2016

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Application for Registration

Dear Sir or Madam:

Enclosed herewith, please find two copies of the Application to Register the LLC for Blinkers Clearwater, LLC. Please file as soon as possible upon receipt and send the evidence of the filing to my attention using the enclosed postage paid envelope.

I am also enclosing a check in the amount of \$125.00 in payment of the filing fee.

If you have any questions, please call me at your earliest convenience.

Sincerely,

anet M. Welling

'Paralegal

Enclosures

cc:

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Blinker SUBJECT:	s Clearwater, LLC						
Name of Limited Liability Company							
The enclosed "Applic Existence, and check	cation by Foreign Limited Liability Compare submitted to register the above refere	any for Authorization to Tran need foreign limited liability	isact Business in Florida," Certificate of company to transact business in Florida.				
Please return all corre	espondence concerning this matter to the f	following:					
Jar	net Welling						
<u></u>	Na	me of Person					
Ke	eating Muething & Klekamp PLL						
_	Firm/Company						
Or	One East Fourth Street, Suite 1400						
	<u> </u>	Address					
Cit	ncinnati, OH 45202						
<del></del>	City/St	ate and Zip Code					
ggin	n@blinkerstavern.com						
<del></del>	E-mail address: (to be used	for future annual report noti	fication)				
For further information	on concerning this matter, please call:						
Janet Wellin	ng	513 639-383	2				
	Name of Contact Person	Area Code Dayt	ime Telephone Number				
Division of Registration P.O. Box 63 Tallahassee,	327 , FL 32314	Division o Registratio Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section nilding outive Center Circle ee, FL 32301				
Enclosed is a check f	for the following amount: Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Gertificate of Status & Certified Copy				

### 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:

Blinkers Clearwater, LI	LC				
(Name of Fore	ign Limited Liability Company; mu	st inch	ıde "Limited Li	ability Company," "L.L.C.	," or "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose	of tr	ansacting busine	ess in Florida. The alternate	name must include "Limited
2. Kentucky	·	3.	N/A		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3.		(FEI number, if applic	able)
4. Upon registration					
	(Date first transacted busine (See sections 605.0904 & 605	ss in I	lorida, if prior	to registration.)	·····
5. 318 Greenup Street	(Bee sections 003.0704 & 003.				
Covington, KY 41011			108		<del></del>
210 C	(Street Address of )	rincij	oai Omce)		
6. 318 Greenup Street		<del></del>			
Covington, KY 41011				•	_
	(Mailing	Addre	ss)		<b>一</b>
7. Name and street addres	s of Florida registered agent: (P.	О. В	ox <u>NOT</u> acce	ptable)	<b>高</b> 号 7
Name:	Gary Ginn				27. 一
Office Address:	476 Mandalay Avenue			_	SEE. F
	Clearwater Beach			, Florida 33767	- <b>2</b>
	(City)			(Zip code	) 重語 二
designated in this applicate to complywith the provision	tance: gistered agent and to accept servitors, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment	as registered	agent and agree to act i	in this capacity. I further agre
	Jun		Tinr	$\sim$	
	Regist	ered a	gent's signature	:)	·····
O The name title on the	· · · · · · · · · · · · · · · · · · ·		h/hassa assth	ority to manage is/ore:	
•	acity and address of the person(s)	wno	nas/nave aum	ority to manage is/are:	
Gary Ginn, Manager	318 CHOONUP STY	<u>0</u>			
	COMMON. KY 41	DU			
	0				
					<del></del>
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be so</li> </ol>	of existence, no more than 90 day of which it is organized. (If the cubmitted)  Signature	ertific	ate is in a fore	eign language, a translati	ving custody of records in the on of the certificate under oath
	Signature	of an	authorized pers	on .	
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu	0203	(1) (b), Florida	a Statutes. I am aware the	at any false information 3.817.155, F.S.
	Gow Ginn Monager		•	· -	

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: 184079

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,

# Blinkers Clearwater, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 12, 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 16<sup>th</sup> day of December, 2016, in the 225<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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