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(Req	uestor's Name)	
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(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2016

FELIPE MEDINA-GONZALEZ 2130 WEST LN LOUISVILLE, KY 40216

SUBJECT: MEDINAS CONSTRUCTIONS COMPANY OF KENTUCKY, I

Ref. Number: W16000082038

2016 DEC 27 PM 4: 41

We have received your document for MEDINAS CONSTRUCTIONS COMPANY OF KENTUCKY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 616A00026084

COVER LETTER

Registration Section

TO:

UBJECT:	· · · · · · ·	Name of	Limited Liability Co	ompany	
					ansact Business in Florida," Certific y company to transact business in F
lease return	all correspondence of	concerning this matter to the	following:		
	FELIPE MEDI	NA-GONZALEZ			
		N	ame of Person		
	MEDINAS CC	NSTRUCTIONS COMPAN	NY, LLC		
		Fi	irm/Company		
	2130 WEST L	N			
			Address		
	LOUISVILLE,	KY 40216			
		City/S	tate and Zip Code		
	MEDINASCON	STRUCTIONCOMPANY@			
		E-mail address: (to be use	d for future annual r	eport not	tification)
or further in	formation concernin	g this matter, please call:			
FEL	LIPE MEDINA-GON	NZALEZ	502 at (994-80	48
	Name o	f Contact Person	Area Code	Day	time Telephone Number
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certificate 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 COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA.

(If name unavailable, enter al	TIONS COMPANY OF KENTU			ne alternate name	e must inc	lude "L	imited	
Liability Company," "L.L.C,"	or "LLC.")		91 1721620					
2. KENTUCKY (Jurisdiction under the law company is organized)	of which foreign limited liability	3.	81-1721639 (FEI numbe	r, if applicable)		· · · · ·	_	
4. JANUARY 01 OF 201	7							
	(Date first transacted busin (See sections 605,0904 & 605	ess in Fl	orida, if prior to registration.)	ity)	-			
5. 4003 WARING DR	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				_			
TAMPA, FL 33610								
	(Street Address of	Principa	l Office)		- 			
6. 2130 WEST LN	· · · · · · · · · · · · · · · · · · ·	·			SE ALI	5		
LOUISVILLE, KY 402	216				CRE	330	***************************************	
	(Mailing	Address)		SS \ NN	28	Augustus Estampy	
7. Name and street address	s of Florida registered agent: (F	O. Bo	NOT acceptable)		333	_	(property)	:
Name:	LUIS MEDINA-VALEZ				<u>بر ۲</u>	至		
Office Address:	4003 WARING DR				QAT	7, 25		
	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		7.	2610	ĆΨ			
	TAMPA		ال Florida على التاريخ	3010				
Registered agent's accep	(City)	<u> </u>	, Florida 3.	(Zip code)	-			
designated in this applica to comply with the provision	(City) tance: gistered agent and to accept set tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	proper	process for the above state is registered agent and agr and complete performanc	(Zip code) ed limited liabio ee to act in thi	is capach	y. I fu	i <mark>rther</mark> ag	rec
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Typed or printed name of signee

FELIPE MEDINA-GONZALEZ

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: 184223

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,

Medina's Constructions Company LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 7, 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 21st day of December, 2016, in the 225th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

184223/0946375