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#### **COVER LETTER**

то;	Registration Section Division of Corporations
SUBJE	CT: Webb Holdings, LLC Name of Limited Hiability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e.e., and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter to the following:
	Beth Webb Name of Person
	Firm/Company
	1400 Cold Springs Rd. Address
	Louisville Ky 40223 City/State and Zip Code
	bethwebbe-we, com  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Beth Webb at (502) 315-9912  Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount:  \$\Begin{align*} \Boxed{1} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	already on file

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT BU	INCN 605.1802, FLORIDA STATUTES, THE FOLL ASINESS IN THE STATE OF FLORIDA:    Description of the control of the		
2 Kentuc	ame adopted for the purpose of transacting business in Florida  Light Hamilton (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	a. The alternate name crust include "Limited Liab  3. SI-2691441 (FEI rulimb	
5. 1400 Cold S (Street Address of s LDUIS VILLS	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine OTINGS RA Fincipal Office) KY 40223	istration.) penalty liability)  6. Same - (Mailing Addr	ress)
7. Name and street addres	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	17 H SECR
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STE	150A	SSE 15
	Tampa	, Florida <u>33607</u>	
designated in this applica to comply with the provisi	gistered agent and to accept service of protion, I hereby accept the appointment as rions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign	registered agent and agree to act and complete performance of my o	in this cupacity. I further agree
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who has/ Name and Address:	have authority to manage is/are: Title or Capacity:	Name and Address:
member	Beth webb 1400 Led springs Pd Lowiswille, K.P. 40023		
(Use attachments if necess	sary)		
	of existence, no more than 90 days old, du of which it is organized. (If the certificate in ubmitted)  Signature of		
10. This document is exec submitted in a document to	uted in accordance with section 605.0203 ( to the Department of State constitutes a third  Beth we	degree felony as provided for in	e that any false information s.817.155, F.S.

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: 189073

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,

## Webb Holdings, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 20, 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 3<sup>rd</sup> day of May, 2017 in the 225<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

189073/0953171