

MI7000007931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-69068

Office Use Only



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08/21/17--01007--025 **160.00

08/21/17--01007--026 **777.50

17 SEP 18 AM 8:49
TALLAHASSEE, FLORIDA

SEP 19 2017

W. KER



Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock C/O Capitol Services, Inc.

Date: 9/18/2017

Trans#: 931401

Entity Name:

(1.) HAGYARD-DAVIDSON-MCGEE ASSOCIATES, PLLC, LLC

Articles Incorporation ()

Articles of Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion ()

Fictitious Name ()

Foreign Qualification (X)

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

STATE FEES PREPAID WITH CHECK# FOR THIS FILING WAS ALREADY PREPAID – SEE ATTACHED REJECTION LETTER

PLEASE RETURN:

Certified Copy (XX)

Plain Photocopy ()

Good Standing (XX)

Certificate of Fact ()



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2017

KELLY FLEMING
4250 IRON WORKS PIKE
LEXINGTON, KY 40511

SUBJECT: HDM HOLDINGS, LLC
Ref. Number: W17000069068

** Use this check
for filing fees **

We have received your document for HDM HOLDINGS, LLC and your check(s) totaling \$937.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 317A00017264



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

KELLY FLEMING
4250 IRON WORKS PIKE
LEXINGTON, KY 40511 US

** Please give original
Submission date as file date
* 8/14/17 ***

SUBJECT: HAGYARD-DAVIDSON-MCGEE ASSOCIATES, PLLC
Ref. Number: W17000066326

We have received your document for HAGYARD-DAVIDSON-MCGEE ASSOCIATES, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$777.50.

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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 617A00016534

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

17 SEP 13 AM 11:28

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:

1. Hagyard-Davidson-McCee Associates, PLLC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Kentucky 3. 20-8174433
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4250 Iron Works Pike 6. 4250 Iron Works Pike
(Street Address of Principal Office) (Mailing Address)
Lexington, KY 40511 Lexington, KY 40511

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

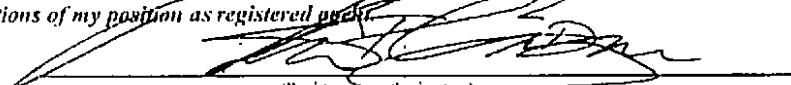
Name: Nathan Chaney, DVM

Office Address: 9700 SW Kanner HWY

Indiantown, FL Florida 34958
(City) (Zip code)

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 comply with 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.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

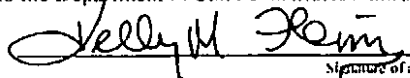
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Executive Committee</u>	<u>Benjamin Stivers, DVM</u> <u>4250 Iron Works Pike</u> <u>Lexington, KY 40511</u>	<u>Executive Committee</u>	<u>Nathan Slovis, DVM</u> <u>4250 Iron Works Pike</u> <u>Lexington, KY 40511</u>

<u>Executive Committee</u>	<u>Kenneth Canterbury, DVM</u> <u>4250 Iron Works Pike</u> <u>Lexington, KY 40511</u>	<u>Executive Committee</u>	<u>Jeffrey Pumphrey, DVM</u> <u>4250 Iron Works Pike</u> <u>Lexington, KY 40511</u>
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(Use attachments if necessary) See Attached

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)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


(Signature of an authorized person)

Kelly Fleming, Chief Financial Officer

(Typed or printed name of signer)

ATTACHMENT

Executive Committee Dwayne Rodgerson, DVM
4250 Iron Works Pike
Lexington, KY 40511

Executive Committee Kevin Foote
4250 Iron Works Pike
Lexington, KY 40511

Chief Financial Officer Kelly Fleming
4250 Iron Works Pike
Lexington, KY 40511

1
17 SEP 18 AM 8:49
CLASSIC FLORIDA

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: 193554

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,

HAGYARD-DAVIDSON-MCGEE ASSOCIATES, PLLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 28, 2006 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 13th day of September, 2017, in the 226th year of the Commonwealth.



Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
193554/0653904