M17000	won15
(Requestor's Name) (Address) (Address)	2003041 <u>3890</u> 2
(City/State/Zip/Phone #)	10/11/1701008013 ++165.66
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer:	17 OCT 10 PH 12: 58 17 OCT 10 PH 12: 58
Office Use Only	M. MILLIGAN OCT 1 2 2017

COVER LETTER

TO: Registration Section Division of Corporations

David Boggs, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Rick Fields, C	PA			
		Ň	ame of Person		
	Associates in A	Accounting, CPA			
		Fi	rm/Company		
	11003 Bluegra	ss Pkwy, Suite 500			
			Address		
	Louisville, KY	40299			
		City/S	tate and Zip Code	·	
	rfields@aia-cpa	.com			
		E-mail address: (to be used	l for future annual	report no	ification)
For further inf	ormation concerning	ng this matter, please call:			
Rick	Fields		502 at (451-86	78
	Name	of Contact Person	Area Code	_) Day	time Telephone Number
Divis Regis	LING ADDRESS ion of Corporation stration Section Box 6327			Division Registrat Clifton B	
Talla	hassee, FL 32314				ccutive Center Circle see, FL 32301
	check for the follow 25.00 Filing F ee	ving amount: D \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin 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:

1	David	Boggs,	LLC
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(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.E.C.," or "LLC.")

Kentucky			
	hich foreign limited liability company is organized)	3(FE	I number, if applicable)
Not Applicable			
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	
116 Running Creek Ct		6. Same	
(Street Address of)			ng Address)
Shepherdsville, KY 40)165		0
			8 55
		NOT	
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	0
Name:	John David Boggs		
			H (1)
Office Address:	17102 Alico Center Dr	- <u>-</u>	2: 1
	Fort Myers	, Florida <u>33967</u>	្រុះរាជ
	(City)		(ip code)
legistered agent's accep	tance:		
	gistered agent and to accept service of p		
	tion, I hereby accept the appointment as		
	ons of all statutes relative to the proper	and complete performance of	'my duties, and I am familiar wi
na accept ine obligation.	s of my position as registered agent.	r	
	1 In Kr		
	Kcgistered agent's s	ignature)	
) (1)		-	
	acity and address of the person(s) who ha	s/have authority to manage is/a	
3. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha <u>Name and Address</u> :	-	Name and Address:
	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs	s/have authority to manage is/a	<u>Name and Address:</u> Crystal L Boggs
Title or Capacity:	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs 116 Running Creek Ct	Shave authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Crystal L Boggs 116 Running Creek Ct
Title or Capacity:	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs	Shave authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Crystal L Boggs
Title or Capacity:	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs 116 Running Creek Ct	Shave authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Crystal L Boggs 116 Running Creek Ct
Title or Capacity:	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs 116 Running Creek Ct	Shave authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Crystal L Boggs 116 Running Creek Ct
Title or Capacity:	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs 116 Running Creek Ct	Shave authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Crystal L Boggs 116 Running Creek Ct
Title or Capacity:	acity and address of the person(s) who ha <u>Name and Address:</u> John David Boggs 116 Running Creek Ct	Shave authority to manage is/a <u>Title or Capacity:</u>	Name and Address: Crystal L Boggs 116 Running Creek Ct

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.

1/~	15-	
	Signature of an authorized person	
	. /	
hn David Boggs.	Member	
	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: 194346 Visit <u>https://app.sos.ky.gov/ftshow/certvalidate.aspx</u> 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,

David Boggs , LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 5, 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 Seal at Frankfort, Kentucky, this 5th day of October, 2017, in the 226th year of the Commonwealth.



undergan Ceimus

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 194346/0924290