# M17000010203

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Special Instructions to Filing Officer:  DUPI WIT-U8147  For Kalharine Sagan the Filing through Cusercy has been abandoned (b)

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S. WARREN DEC 0 5 2017



KATHARINE M. SAGAN

Direct Diat: (859) 231-3051 Direct Fax. (859) 246-3651 katharine.sagan@skofirm.com

> 300 WEST VIGE STREET SUCE 2100 LEGINGTON, KY 40507-1801 MAIN: (859) 231-3000 EAX: (859) 253-1093

November 21, 2017

Division of Corporations Registration Section Attn: Stacey P. O. Box 6327 Tallahassee, FL 32314

Re: KER Thoroughbreds, LLC

Document Number W17000068147

Dear Ms. Stacey:

This law firm represents KER Thoroughbreds, LLC ("KER Thoroughbreds"). Per my phone call with the Registration Section on November 21, 2017, enclosed is a copy of KER Thoroughbred's "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" that was previously rejected by the Division on August 17, 2017.

Please let me know if I need to do anything else to properly register KER Thoroughbreds to transact business in Florida.

Sincerely,

Stoll Keenon Ogden PLLC

Katharine M. Sagan

Katharine M. Sagan

Enclosures



August 18, 2017

JOE D. PAGAN, PH.D. 3910 DELANEY FERRY ROAD VERSAILLES, KY 40383

SUBJECT: KER THOROUGHBREDS, LLC

Ref. Number: W17000068147

We have received your document for KER THOROUGHBREDS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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.

Letter Number: 817A00017002

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

то:	Registration Section Division of Corporati	ons				
SUBJE	KER Thoroughbro	eds, LLC				
		Name o	Limited Liability	Company		
The end Existen	closed "Application by Foce, and check are submit	oreign Limited Liability Conted to register the above refe	npany for Authoriz renced foreign lim	ation to Ti	ransact Business in Florida," C ty company to transact husines	ertificate of s in Florida
Please	return all correspondence	concerning this matter to the	c following:			
	Joe D. Pagan,	Ph.D.				
	<del>- · · · -</del>	,	same of Person	<del></del>		
	KER Thoroug	hbreds, LLC				
	<del> </del>	ŀ	irm/Company			
	3910 Delaney	Ferry Road				
Address						
	Versailles, KY	40383				
		City/S	State and Zip Code		1	
	pagan@ker.com					
	<u></u>	E-mail address: (to be use	d for future annua	report no	tification)	
For furti	ner information concernir	ng this matter, please call:				
	Katharine M. Sagan		859 at (	231-30	51	
	Name (	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding secutive Center Circle sec, FL 32301	
Enclosed	is a check for the follow \$125,00 Filing Fee	ing amount:  \$\infty\$ \$\sum \text{\$\text{\$130.00 Filing Fcc &}}\$  Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	Teate

# 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 TÖTRANSACT BUSINESS IN THE STATE OF FLORIDA.

f name unavailable, enter a lability Company," "L.L.C	alternate name adopted for the purpose	of transacting business in Florida. The alternate nam	e must include "Limited
Kentucky	, 0, 550,	3. 81-2811137	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
	(Date first transacted business (See sections 605,0904 & 605,0	s in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	3 1
3910 Delaney Ferry R			
Versailles, KY 40383	(Sirect Address of Pr		10000000000000000000000000000000000000
3910 Delaney Ferry Re	oad	·	7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		<del> </del>	1 0 Rd 1 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Versailles, KY 40383	/Mailing Ac	idress)	<b>84 23</b>
			7.*
Name and street addre	ss of Florida registered agent: (P.O Cogency Global Inc.	b. Box <u>NOT</u> acceptable)	
Office Address:	115 North Calhoun Street, Suite	4	
	Tallahassee	Florida 32301	
gistered agent's accep	itance:	, Florida 32301 (Zip code) ce of process for the above stated limited liabil	ity company at the plac
gistered agent's acceptiving been named as resignated in this applications of the provision of the name, title or capt	stance: egistered agent and to accept servication, I hereby accept the appointment on sof all statutes relative to the primy position as registered agant.  (Registered	ce of process for the above stated limited liabilitient as registered agent and agree to act in this roper and complete performance of my duties, ed agent's signature)  cho has/have authority to manage is/are:	capacity. I further ag
egistered agent's acceptiving been named as resignated in this applications of the provision of the obligations of the name, title or capt	stance: registered agent and to accept service ution, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent.  (Registered active and address of the person(s) w	ce of process for the above stated limited liabilitient as registered agent and agree to act in this roper and complete performance of my duties, ed agent's signature)  cho has/have authority to manage is/are:	capacity. I further ag
egistered agent's acceptiving been named as resignated in this application complywith the provision of the obligations of the name, title or capt	stance: registered agent and to accept service ution, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent.  (Registered active and address of the person(s) w	ce of process for the above stated limited liabilitient as registered agent and agree to act in this roper and complete performance of my duties, ed agent's signature)  cho has/have authority to manage is/are:	capacity. I further ag

Kenneth R. Sagan, attorney-in-fact for Joe D. Pagan, Ph.D., Sole 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: 192167

Visit https://app.sos.ky.gov/flshow/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,

### KER THOROUGHBREDS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 1, 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 4<sup>th</sup> day of August, 2017, in the 226<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

192167/0954071