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COVER LETTER

	istration Section ision of Corporations	-¥ ,			•	
SUBJECT:	Senture, LLC				••	
SUBJECT		Name of	Limited Liability	Company		
					ansact Business in Florida," y company to transact busin	
Please return	all correspondence co	oncerning this matter to the	following:			
	G. Edward Her	nry, II, Esq.				
		Ņ	ame of Person			
	Henry Watz Ra	ine & Marino, PLLC				
		F	irm/Company			
	401 West Main	Street, Suite 314				
			Address			
	Lexington, KY	40507				
		City/S	tate and Zip Code	;		
	ehenry@hwrmla	w.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further in	formation concerning	this matter, please call:				
Che	eryl Hubbard		606	878-42	205	
	Name of	Contact Person	at (Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the following 125.00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filis		☐ \$160.00 Filing Fee, Co	

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:

			
	name adopted for the purpose of transacting business in		ability Company," "L.L.C," or "LLC.")
. Kentucky (Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. 61-1355587 (FEI nur	ber, if applicable)
	, , , ,	,	,,
August 1, 2018	(Date first transacted business in Florida, if prior	r to registration.)	
400 lead.catalal Dhad	(See sections 605,0904 & 605,0905, F.S. to dete	ermine penalty liability)	
5. 460 Industrial Blvd. (Street Address of I	Principal Öffice)	6. 460 Industrial Blvd.	dress)
London, KY 40741		London, KY 40741	2011 SE TAL
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TO E TI
			F 6 =
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	-9 ARY SSE
Name:	C T Corporation System		F P I
rame.			2.5 S. 1.5 S. 1.
Office Address:	1200 South Pine Island Road		表达 55
	Plantation	, Florida <u>33324</u>	719
Registered agent's accep	(City)	(Zip co	de)
esignated in this applica o comply with the provisi	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent.	t as registered agent and agree to act per and complete performance of my	in this capacity. I further ag
lesignated in this applica o comply with the provisi	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the props of my position as registered agent.	t as registered agent and agree to act ver and complete performance of my James M. Halpin Assistant Secretary	in this capacity. I further ag
lesignated in this applica o comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop	t as registered agent and agree to act ver and complete performance of my James M. Halpin Assistant Secretary	in this capacity. I further ag
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designated in this applica o comply with the provisi and accept the obligation. 8. The name, title or capa Title or Capacity:	egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	t as registered agent and agree to act per and complete performance of my James M. Halpin Assistant Secretary nt's signature)	in this capacity. I further ag
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Typed or printed name of signce

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: 205461

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,

SENTURE, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 29, 2003 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 6th day of August, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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