# M1800007619

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:  Tara  GAVE  TOTAL  Suffix 4 titles  DOG, EXAM						

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AFLAHASSEE, FLORID

N CULLIGAN AUG 1 7 2018

#### COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Carman Fullerton Overfield PLLC						
	Name of Limited Liability Company						
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate o ce, 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:						
	Dan Carman						
	Name of Person						
Carman Fullerton Overtield PLLC							
	Firm/Company						
	271 W. Short Street, Suite 110						
Address							
	Lexington, KY 40507						
City/State and Zip Code							
	dan.carman.attorney@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For fur	her information concerning this matter, please call:						
	Dan Carman 859 685-1055						
	Name of Contact Person at ()  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 in Acheek for the following amount:  5125.00 Filing Fee  \$\$\$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate						
;	Certificate of Status Certified Copy 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:

Carman Fullerton Over						
(Name of Foreign	Limited Liability Company; must include "I	imited Liability Con	npany," "L.L.C.," or "LLC.")	)		
	ame adopted for the purpose of transacting business			bility Company," "L.f., C," or "LI, C,")		
2. Kentucky		3. <del>8</del> 3-	-1162953			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)			
4. July 10, 2018						
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to o	rior to registration ) letermine penalty liabilit	·	<del></del>		
5. 271 W. Short Street, S	uite 110	(sar				
(Street Address of I	(Street Address of Principal Office)			(Mailing Address)		
Lexington, KY 40507	<u> </u>					
				TAIL SE		
				<u> </u>		
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT accer	otable)	T - CARET		
	Kelly Overfield			SA TO		
Name:	100,000		<del>_</del>	m m		
Office Address:	210 W. Platt Street, Unit C			AHII: 5		
	Tampa		33606	10 LO		
	(City)		Florida	<u> </u>		
Registered agent's accep	•		(ISI) COO			
	gistered agent and to accept service	e of process for t	he above stated limited	l liability company at the place		
	tion, I hereby accept the appointme					
	ions of all statutes relative to the pr		te performance of my	duties, and I am familiar with		
and accept the obligation.	s of my position as registered agent	. ( ( )				
	Willy a Ox	iheld				
	(Registered a	gent's signature)		<del></del>		
8. The name, title or cana	acity and address of the person(s) wi	no has/have autho	ority to manage is/are:			
Title or Capacity:	Name and Address:		r Capacity:	Name and Address:		
Mara	Dan Carman					
WINT INC	271 W. Short Street, Suite	e 110 ———		-		
	Lexington, KY 40507					
1100						
MOR 1.	Kelly Overfield					
·	210 W. Platt Street, Unit					
	<del></del>					
(Use attachments if neces	sary)					
9. Attached is a certificate	of existence, no more than 90 days	old duly authent	icated by the official ha	iving custody of records in the		
	of which it is organized. (If the certi					
of the translator must be so	<del>=</del> '					
	uted in accordance with section 605.					
suomitteo in a document te	the Department of State constitutes	a inira degree ie	iony as provided for in :	S.817,133, F.S.		
	Sig	nature of an authorized p	person	- <b>-</b>		
	Don Comme					
	Dan Carman					

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: 204647

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,

### Carman Fullerton Overfield PLLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is July 9, 2018 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 12<sup>th</sup> day of July, 2018; in the 227<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

204647/1026338