

10/15/2018

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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Email Address: _____

**Foreign Limited Liability Company
Delta T LLC**

Certificate of Status	0
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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-10-15 14:50:30 CST
RE	Delta T LLC

COVER MESSAGE

Tori Wolfe
Associate Fulfillment Specialist
Fulfillment Operations
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Delta T 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

(Jurisdiction in the law of which foreign limited liability company is organized)

3. 61-1260060

(EIN number, if applicable)

4. Upon Qualification

(Use this statement if transacting business in Florida, if permitted by applicable law. See sections 605.0201 & 605.0205, F.S., to determine proper liability).

5. 2348 Innovation Dr

(Direct Address of Principal Office)

Lexington, KY 40511

6. 2348 Innovation Dr

(Mailing Address)
Lexington, KY 40511

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and in 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.

By: C T Corporation System

(Registered Agent's signature)

Chantelle Rufen-Bianchette, Assistant Secretary

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

Lennie Rhoads

MANAGER

Joseph R. Miller

2348 Innovation Dr
Lexington, KY 40511

2348 Innovation Dr
Lexington, KY 40511

MANAGER

Erio Evans

MANAGER

Jim Flickinger

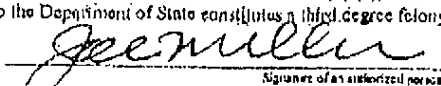
2348 Innovation Dr
Lexington, KY 40511

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Lexington, KY 40511

(Use attachments if necessary)

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. 817.135, F.S.



Signature of an authorized person

Joseph R. Miller

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FL

Attachment to Florida
Member / Manager Information

1 Full Name:	James DeSmat
Member/Manager:	Manager
Business Address:	2348 Innovation Dr
City:	Lexington
State:	KY
ZIP Code:	40511

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**SECRETARY OF STATE
TALLAHASSEE, FL**

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: 207707

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,

DELTA T LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 17, 1994 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 3rd day of October, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
207707/0328022