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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2018

JOHN E. LANGE III 4 W FOURTH ST, STE 400 NEWPORT, KY 41071

SUBJECT: HUB & WEBER ARCHITECTS, PLC

Ref. Number: W18000090163

We have received your document for HUB & WEBER ARCHITECTS, PLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name isted in the certificate of existence.

On #1 of application please write HUB & WEBER ARCHITECTS, PLC LLC.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 118A00021202

www.sunbiz.org

Division of Corporations DO ROV 6297 Tallahagaa Florida 20214

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
em m	HUB & WEBER PLC D/B/A HUB & WEBER LLC	
SUBJECT: Name of Limited Liability Company		
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," ee, and check are submitted to register the above referenced foreign limited liability company to transact business.	
Please r	eturn all correspondence concerning this matter to the following:	
	JOHN E. LANGE III	
	Name of Person	
	LANGE, QUILL & POWERS, PLC	
	Firm/Company	
	4 West Fourth Street, Ste. 400	
Address		
	Newport, Kentucky 41071	· 📆
City/State and Zip Code		
	lange3@lqplaw.com	; ;]
	E-mail address: (to be used for future annual report notification)	ر
For furt	her information concerning this matter, please call:	
	JOHN E. LANGE II 859 491-1500	
	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 is a check for the following amount: \$\Begin{align*} \Begin{align*} ali	

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: HUB & WEBER ARCHITECTS, PLC LLC Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") HUB & WEBER ARCHITECTS, PLC LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") KENTUCKY (Jurisdiction under the law of which foreign limited liability company is organized) DATE OF REGISTRATION (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 200 West Pike Street 200 West Pike Street Covington, KY. 41011 Covington, KY. 41011 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MEGAN BELLAMY Name: 3933 13th Way N.E. Office Address: St. Petersburg Registered agent's acceptance: Having been named as registered agent and to 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Managing Principal Name and Address: Eugene Weber Title or Capacity: Name and Address: 200 West Pike Covington, KY. 41011 (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.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

EUGENE WEBER

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: 206988

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,

HUB & WEBER ARCHITECTS, PLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 24, 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 17th day of September, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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