## M18000010418

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	#)
_		
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
Special instructions to r	-ming Officer.	
k		
K.HI		

Office Use Only

118000550cls



800318413588

-09/20/18--01007--026 - **\*\***125.00

2018 NOV -9 AM 8: 54
SECRETARY OF STATE
FALLAHASSEE ET DEIDE

JCS 11-21-18



Division of Corporations

September 24, 2018

TAX DEPT. 1340 RUSSELL CAVE RD LEXINGTON, KY 40505 US

SUBJECT: GALLS PARENT HOLDINGS, LLC

Ref. Number: W18000085045

We have received your document for GALLS PARENT HOLDINGS, 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 418A00019857

## **COVER LETTER**

TO: · Registration Section     Division of Corporations				
SUBJECT: Galls Parent Holdings,	of Limited Liability Company			
	ompany for Authorization to Transact Business in Florida." Certificate ferenced foreign limited liability company to transact business in Flori			
Please return all correspondence concerning this matter to	the following:			
Tax Depl.	Name of Person			
Galls Parent Holding	Pirm/Company			
1340 Russell Cave	Rd Address			
<u>Lexington, KY 40</u>	DSOS e/State and Zip Code			
<u>andrews - mike (a</u> E-mail address: (to be a	sed for future annual report notification)			
For further information concerning this matter, please call:				
Paul Holovnia	at ( <b>859</b> ) <b>266 - 7227</b>			
Name of Contact Person	Area Code Daytime Telephone Number			
MAILING ADDRESS:	MAILING ADDRESS: STREET ADDRESS:			
Division of Corporations	Division of Corporations			
Registration Section P.O. Box 6327	Registration Section Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	© \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

	TION 605.0902, FLORIDA STATUTES, THE SINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIST	TER A FOREKIN' LIMITED ILABILITY
1. Galls Parer (Name of Foreign	14 Holdings LLC Limited Liability Confpany; must include "Limi	ned Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	Florida. The alternate name must include "Limited Lia".	
Unrediction under the law of wi	nich foreign limited liability company is organized)	5. (FEI num	ber, if applicable;
4. 02 01 20	(Date first transacted business in Florida, if prior (See sections 60) 0904 & 605,0905, F.S. to deter	to registration ) image penalty liability)	<del></del>
5. 1340 Russell (Street Address of P	Carl Rd.	6. 1340 Russell (Mailing Add	Cave Rd.
<u>Lexington</u> , R	<u>y 40505</u>	Lexington, K	<u> 2020P V</u>
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	SECH N
Name:	C T Corporation System		NOV -
Office Address:	1200 South Pine Island Road	27274	SECOND P
Registered agent's accep	Plantation (City)	Florida 33324 (Zip coc	AM 8:
to comply with the provisi and accept the obligation:	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. By: CT Corporation System (Registered agent	er and complete performance of my Kristin Assistant	duties, and I am familiar with  Bolden Secretary
8. The name, title or capa <u>Title or Capacity:</u>	neity and address of the person(s) who Name and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
<u>CFO</u>	R. Michael Andrew 1340 Russell Caus I Lexington, KY 405	EJI	
<u>(50</u>	Hichael P. Wesson B40 Russell Gu Lexington, KY40	era. Eros	
(Use attachments if necess	sary)		
<ol> <li>Attached is a certificate jurisdiction under the law of of the translator must be su</li> </ol>	of existence, no more than 90 days old of which it is organized. (If the certific ibmitted)	l, duly authenticated by the official ha atc is in a foreign language, a translat	aving custody of records in the ion of the certificate under oath
10. This document is exect submitted in a document to	othe Department of State constitutes a		re that any false information 8 817 155, F.S
		Andrews Ir	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GALLS PARENT HOLDINGS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALLS PARENT HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2018.



6715177 3300 Jun 20186475396 Authentication: 203354742

Date 09 T4 13