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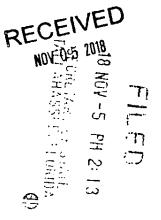
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#### COVER LETTER

TO: Registration Section

Division of Corporations

## Small Business Computer Solutions LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Jeff W	est		
	N	ame of Person	
Small	Business Cor	nputer Solution	ons LLC
	181	rm/Company	
3080 F	larrodsburg F	Road, Ste 104	1
		Address	<del></del>
Lexing	ton, KY 4050	3	
	City/S	tate and Zip Code	
jwest@	integrityky.co	m	
<u> </u>	E-mail address; (to be used	d for future annual report no	ification)
For further information concerning	ng this matter, please call:		
Jeff West		at 859 899	9-1919
Name	of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding coutive Center Circle see, FL 32301
Enclosed is a check for the follow	_		
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternat	e name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited	d Liability Company," "L.L.C," or "LLC	."}
, Kentucky		<sub>3.</sub> 61-6260870		
	which foreign limited liability company is organized)	(FEI number, if applicable)		
4. 09/04/2018				
···	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ) ne penalty liability)	<u></u>	
5. 3080 Harrodsburg		6 P.O. Box 4129		
(Street Address	of Principal Office)	(Mailing	Address)	
Ste 104	<del></del>		<del></del>	
Lexington, KY 405	03	Lexington, KY 40544		
7. Name and street addi	ess of Florida registered agent: (P.O. Box	NOT acceptable)	NOV -	1
Name:	Northwest Registered Agent, LLC	<u> </u>	SE CI	
Office Address	3030 N. Rocky Point Dr. STE 150.	Α	PH 2:	
	Tampa	Florida 33607	쪼스	
	(City)		p code) $\bigcirc$ $\Box$ $\Box$	
Having been named as designated in this appli to comply with the prov	registered agent and to accept service of peation, I hereby accept the appointment assistons of all statutes relative to the proper ons of my position as registered agent.	s registered agent and agree to i	ited liability company at the act in this capacity. I furth	er agre
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Having been named as designated in this applicate to comply with the provand accept the obligation.  8. The name, title or easy title or Capacity: Officer  Officer  Other  Other  Attached is a certification under the lay of the translator must be to. This document is expensed.	registered agent and to accept service of pration, I hereby accept the appointment assistants of all statutes relative to the proper assof my position as registered agent.  (Registered agent's of the person(s) who has a Name and Address:  Phil Miller  3080 Harrodsburg Rd. Ste 104  Lexangton, NY 40503  essary)  te of existence, no more than 90 days old, of which it is organized. (If the certificate	seregistered agent and agree to and complete performance of no signature)  signature)  signature)  signature)  officer  Officer  Officer  duly authenticated by the official e is in a foreign language, a trans  officer language, a trans  officer language is language.	ited liability company at the act in this capacity. I furth my duties, and I am familia  Te:  Name and Address:  Jeff West  3080 Herrodsburg Rd, Sie 104  Lexington, KY 40503	er agreer with

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: 208521

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,

### SMALL BUSINESS COMPUTER SOLUTIONS LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is July 5, 2000 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 30<sup>th</sup> day of October, 2018, in the 227<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

208521/0497241