# M18000011012

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W180000 97532

Office Use Only



200320110152

10/29/18--01941--002 \*\*125.00

18 DEC -6 PM 12: 50

SLORE JARY OF STATE DIVISION OF CORPORATIONS

AN W

### **COVER LETTER**

TO:	Registration Section Division of Corporations	<b>.</b>				
etib ii	LRM. LLC ECT:					
SUBJ	ECT:		Limited Liability (	Company	<del></del>	
					ansact Business in Florida," Certificate y company to transact business in Flor	
Please	return all correspondence co	oncerning this matter to the	following:			
	Leesa K. Momar	1				
		N	ame of Person			
		Fi	rm/Company			
	162 Windancer I	Lane, Unit 405				
			Address			
	Miramar Beach,	FL 32550				
		City/S	tate and Zip Code			
	leesamoman@gma	ail.com				
		E-mail address: (to be used	d for future annual	report not	cification)	
For fur	rther information concerning	this matter, please call:				
	Leesa K. Moman		270 at (	929-67-		
	Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ccutive Center Circle see, FL 32301	
Enclos	sed is a check for the followir ■ \$125.00 Filing Fee	ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

lf name unavailable, enter alternate n	ame adopted for the purpose of transacting busin	ess in Florida. The	alternate name must include "Limit	ted Liability Compa	any," "L.L.C," or "LLC.")
2. Kentucky		3	61-190286		
(Jurisdiction under the law of wh	hich foreign limited hability company is organize	d)		I number, if applica	able)
4. August 10, 2018					
	(Date first transacted business in Florida, i (See sections 605 0904 & 605 0905, F.S.)	f prior to registratio to determine penalty	on.) cliability)		
5. 2246 Becklynn Drive		6.	2246 Becklynn Drive		
(Street Address of F Owensboro, KY 42303	•		Owensboro, KY 42303	ng Address)	<u> </u>
Owellsboro, RT 42303	<u> </u>		Owells0010. KT 4230.		†
<del>_</del>	<del></del>				<del></del>
7 Nome and street address	ss of Florida registered agent: (P.C	D Roy MOT	necentable)		
. Name and street addres		J. BOX <u>NOT</u>	acceptable)		1 92
Name:	Leesa K. Moman				6 7 7 787
Office Address:	162 Windancer Lane, Unit 405				PM 12:
	Miramar Beach		Florida <u>32550</u>		2: ME
	(City)				50 50
laving been named as re lesignated in this applica o comply with the provisi		ment as regisi proper and co	for the above stated lin tered agent and agree to	act in this c	company at the papacity. I further
Having been named as re designated in this applica to comply with the provisi	tance:  gistered agent and to accept servition, I hereby accept the appoint  ions of all statutes relative to the  s of my position as registered age	ment as regisi proper and co	for the above stated lin tered agent and agree to implete performance of	nited liability  act in this c	company at the papacity. I further
Having been named as re lesignated in this applica to comply with the provisi and accept the obligations	tance:  gistered agent and to accept servition, I hereby accept the appoint  ions of all statutes relative to the  s of my position as registered age  (Registered	ment as regist proper and cont. Multi- dagent's signature)	for the above stated lin tered agent and agree to implete performance of	nited liability o act in this c my duties, a	company at the papacity. I further
Having been named as re lesignated in this applica to comply with the provisi and accept the obligations	tance:  gistered agent and to accept servition, I hereby accept the appoint  ions of all statutes relative to the  s of my position as registered age	ment as regist proper and cont. Multi- d agent's signature) who has/have	for the above stated lin tered agent and agree to implete performance of	nited liability o act in this co my duties, a	company at the papacity. I further
Having been named as re designated in this applica- to comply with the provisi- and accept the obligations 8. The name, title or capa	stance: Igistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the soft my position as registered age (Registered active and address of the person(s))  Name and Address:	ment as regist proper and cont. Multi- d agent's signature) who has/have	is for the above stated lin tered agent and agree to complete performance of authority to manage is/o	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as re designated in this application comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity:	itance: Ingistered agent and to accept service Ition, I hereby accept the appoint Itions of all statutes relative to the point of the soft my position as registered age  (Registered address of the person(s))  Name and Address:  Richard V Moman	ment as register proper and cont.  Multiple of the control of the	is for the above stated lin tered agent and agree to complete performance of authority to manage is/o	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as redesignated in this application comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity:	stance: Igistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the soft my position as registered age (Registered active and address of the person(s))  Name and Address:  Richard V Moman	ment as register proper and cont.  Multiple of the control of the	is for the above stated line tered agent and agree to complete performance of authority to manage is/a litle or Capacity:	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as redesignated in this application comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity:	Richard V Moman	ment as regists proper and cont.  Multiple Magnetics signatures who has/have	is for the above stated line tered agent and agree to complete performance of authority to manage is/citle or Capacity:	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as redesignated in this application comply with the provisional accept the obligations  8. The name, title or capaaatite or Capaaity:  MGRM	itance: Ingistered agent and to accept service Ition, I hereby accept the appoint Itions of all statutes relative to the point of the soft my position as registered age  (Registered address of the person(s))  Name and Address:  Richard V Moman	ment as regists proper and cont.  Multiple Magnetics signatures who has/have	is for the above stated line tered agent and agree to complete performance of authority to manage is/citle or Capacity:	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as redesignated in this application comply with the provision accept the obligations  Title or Capacity:  MGRM  MGRM	Richard V Moman  2246 Beckly  Leesa K Moman  2246 Beckly  Leesa K Moman  2246 Beckly  Leesa K Moman	ment as regists proper and cont.  Magent's signature who has/have	is for the above stated line tered agent and agree to complete performance of authority to manage is/citle or Capacity:	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as relessignated in this application comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity:  MGRM  MGRM  (Use attachments if necess	Richard V Moman  2246 Beckly  Leesa K Moman	ment as regists proper and cont.  Multiple and cont.  I agent's signature who has/have  The proper and proper	is for the above stated line tered agent and agree to complete performance of authority to manage is/a citle or Capacity:	nited liability o act in this co my duties, a	company at the papacity. I further nd I am familiar
Having been named as redesignated in this applicated comply with the provision accept the obligations.  8. The name, title or capa Title or Capacity:  MGRM  MGRM  (Use attachments if necessary acception and accept the obligations).	Richard V Moman  2246 Beckly  Leesa K Moman  2246 Beckly  Owens bood  sary)  of existence, no more than 90 day of which it is organized. (If the ce	Inent as regists proper and cont.  Multiple and cont.  I agent's signature who has/have  The proper and control agent's signature and agent's signature an	is for the above stated line tered agent and agree to complete performance of authority to manage is/a citle or Capacity:	nited liability o act in this co my duties, an are: Name	company at the papacity. I further nd I am familiar and Address:
Having been named as replesignated in this applicate to comply with the provisional accept the obligations.  8. The name, title or capa Title or Capacity:  MGRM  MGRM  (Use attachments if necessor, Attached is a certificate urisdiction under the law of the translator must be sufficiently applicated to the translator must be sufficiently applicated.	Registered agent and to accept servition, I hereby accept the appointment of all statutes relative to the person of all statutes relative to the person of t	who has/have  The Property of the property and comment as register to the property of the prop	is for the above stated line tered agent and agree to complete performance of authority to manage is/citle or Capacity:  O.3  Athenticated by the officing foreign language, a training a foreign language.	nited liability o act in this co my duties, an are: Name	company at the papacity. I further and I am familiar and Address:  and Address:
8. The name, title or capa Title or Capacity:  MGRM  MGRM  (Use attachments if necessions decepted is a certificate furisdiction under the law of the translator must be sufficient in execution.)	Richard V Moman  2246 Beckly  Leesa K Moman  2246 Beckly  Owens bood  sary)  of existence, no more than 90 day of which it is organized. (If the ce	ment as regists proper and cont.  Multiple and cont.  diagent's signature who has/have  The Dr.  Ly an Da	is for the above stated line tered agent and agree to complete performance of authority to manage is/a little or Capacity:  D3  athenticated by the officing foreign language, a train.). Florida Statutes, I am	al having cus	company at the papacity. I further nd I am familiar e and Address:  tody of records in e certificate under y false information

Leesa K. N

## 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: 207224

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grirnes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### LRM, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 14, 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 21<sup>st</sup> day of September, 2018, in the 227<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

207224/1029921