# 758000000P11

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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M. MILLIGAN JAN 2 4 2019

#### **COVER LETTER**

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TO:	Registration Section Division of Corporati	oas						
SUBJI	Sterett Service Co	mpany LLC						
		Name of	Limited Liability	Company	·····			
The en	closed "Application by F ace, and check are submit	oreign Limited Liability Com ted to register the above refer	pany for Authorizz enced foreign limi	ation to Tra ted liability	ansact Business in Florida," C y company to transact busines	ertificate of s in Florida.		
Please	return all correspondence	concerning this matter to the	following:					
	C.W. Sterett							
		N	iame of Person		· · · · · · · · · · · · · · · · · · ·			
	Sterett Servic	Sterett Service Company LLC						
		Firm/Company						
	9499 MORG	9499 MORGANTOWN RD						
		Address						
	WHITESVIL	WHITESVILLE, KY 42378						
	City/State and Zip Code							
	cw313@bellso	uth.net						
		E-mail address: (to be use	d for future annual	report not	tification)			
For fur	ther information concerni	ing this matter, please call:						
	C.W. Sterett		at ( 270	, 92	9-1323			
	Name	of Contact Person	Area Code	Day	rtime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section						
	Taliahassee, FL 32314				ccutive Center Circle see, FL 32301			
Enclose	ed is a check for the follo		<b>51 41 55 55 55</b>		<b>-</b>			
	■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate		

### 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 ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Sterett Service Compan	y LLC			
•• ——		nited Liability Company," "L.L.C.," or "LLC.")		
(If name onavailable, enter altereste n	ome adopted for the purpose of transacting business in	Florida. The alternate name unst include "Limited Lis	bility Company," "L.L.C," or "LLC.")	
2 Kentucky	,	3. 83-2342176		
	hich foreign limited liability company is organized)		oer, if applicable)	
4.				
4	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to det	w to registration.)	125 ZOI	
5 9499 MORGANTOW			D - 10 - 1	
5. 9499 MORGANTOW?	rincipal Office)	6. 9499 MORGANTOWN RI	ress)	
WHITESVILLE, KY 4		WHITESVILLE, KY 4237		
			· 200	
7. Name and street addres	ss of Florida registered agent: (P.O. B	Box NOT acceptable)	H 2: C	
	Kevin Dennis		22 G	
Name:	<del></del>			
Office Address:	2281 State Road	30 4	•	
	Port St Joe 3	2456 Florida	•	
	(Cu))	(Zip cod	( <del>k</del> )	
Registered agent's accep				
		of process for the above stated limited		
designated in this applica	tion, I hereby accept the appointmen	it as registered agent and agree to act	in this capacity. I further agree	
to comply with the provision	ions oj ali statutes retative to the proj s of my <u>p</u> osition as re <u>gist</u> ered agent.	per and complete performance of my	duties, and I am familiar with	
	(Registered age	m's agodine)	<del></del>	
9. The name title or one	naine and address of the accessor's with	hadhara mahaiba ta anna istan	•	
Title or Capacity:	acity and address of the person(s) who Name and Address:	Title or Capacity:	Name and Address:	
Manager	C.W. Sterett			
	9499 MORGANTOWN			
	WHITESVILLE, KY			
and member	Kewin Dennis			
Trentoci		30.4		
		2454		
(Use attachments if neces	ssary)			
9 Attached is a certificate	of existence, no more than 90 days o	old, duly authenticated by the official h	aving custody of records in the	
	of which it is organized. (If the certification	icate is in a foreign language, a transla		
To any manufactor triage Ou 3				
		0203 (1) (b), Florida Statutes. I am awa a third degree felony as provided for in		
	for the same		-	
	Sign	nature of an authorized person	<del></del>	
	<b></b>			
	C.W. Sterett	<b>₹</b>		

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: 211566

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,

### STERETT SERVICE COMPANY LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 26, 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 24th day of January, 2019, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

211566/1037437