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SECRETARY OF STATE ALLAHASSEE, FLORING

C CAVE JAN 28 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2019

JASON B. ROBINSON 3670 WALDEN DRIVE LEXINGTON, KY 40517

SUBJECT: LOTUS ENTERPRISES LLC

Ref. Number: W19000005751

We have received your document for LOTUS ENTERPRISES 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "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) 245-6052.

Cathy Cave

Letter Number: 419A00001274

COVER LETTER

Division of Corporation			
LOTUS ENTERPRI			
	Name of	Limited Liability C	Company
closed "Application by Force, and check are submitted	eign Limited Liability Com I to register the above refe	pany for Authoriza renced foreign limit	tion to Transact Business in Florida," C ed liability company to transact busine
return all correspondence c	oncerning this matter to the	e following:	
JASON B. ROF	BINSON		
	7	Name of Person	
LOTUS ENTER	RPRISES LLC		
	F	Firm/Company	·
3670 WALDEN	DRIVE		
		Address	
LEXINGTON/	CY 40517		
	City/	State and Zip Code	
lotus.enterprises.l	sy@gmail.com		
	E-mail address: (to be use	ed for future annual	report notification)
her information concerning	this matter, please call:		
JASON B. ROBINSON		859	559-2888
Name o	Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
ed is a check for the following S125.00 Filing Fee	ng amount: \$\Boxed\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee & S160.00 Filing Fee, Cer of Status & Certified Copy
			175 3040 0007 7043 050

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

	ITON (05.0X02, FLORIDA STATUTES, THÉ F ISINESS INTHE STATE OF FLORIDA:	COLLOWING IS SUBMITTED TO REGIST	'ER A FOREIGN LIMITED LIABI 	
LOTUS ENTERPRISE		ed Liability Company," "L.L.C, " or "L.L.C.")	
_	ISES, LGI SERVICES LLC			
	ine adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "L. L. C," or "LLC"	
KENTUCKY		3. 82-4458386		
	uch foreign limited liability company is organized)	(FEI numb	ber, if applicable)	
EST. 04/01/2019			{	
E.51. 04/01/2019	(Date first transacted business in Florida, if prior to (See vections 605 0904 & 605,0905, F.S. to determ	registration.)		
3670 WALDEN DRIVE		6. 3670 WALDEN DRIVE (Mailing Address)		
(Sucer Address of Principal Office) LEXINGTON, KY 40517		LEXINGTON, KY 40517		
12577707077,707	<u></u>			
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		
	Registered Agents Inc.			
Name:	registered regime inc.			
Office Address:	7901 4th St N, STE 300			
	St. Petersburg Florida 33702			
	(Cny)	Florida 33702	ic)	
	Bul.	10Lc		
	They istered agent	s signature		
The name, title or capa	acity and address of the person(s) who h	has/have authority to manage is/are:		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Manager	Jason B. Robinson			
	3670 Walden Drive			
	Lexington, KY, 40517			
	_			
				
to make all or one 200				
Jse attachments if neces			1	
Attached is a certificate	of existence, no more than 90 days old	, duly authenticated by the official h	aving custody of records in	
isdiction under the law	of which it is organized. (If the certifica	ate is in a foreign language, a transla	tion of the certificate under	
the translator must be s	ubmitted)			
). This document is exec	uted in accordance with section 605.020	03 (1) (b), Florida Statutes, I am awa	re that any false information	
bmitted in a document to	o the Department of State constitutes a t	hird degree felony as provided for in	s.817.155, F.S.	
		<u></u>		
	Signatur	re of an authorized person		
	/ ¬		1	
	Jason B.	Robinson		
		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: 210850

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,

LOTUS ENTERPRISES LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 17, 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 3rd day of January, 2019, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

210850/1011614