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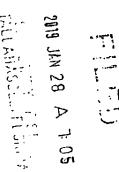
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
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2/4/16



Glenview Pointe Center
2400 Lime Kiln Lane, Suite F
Louisville, KY 40222
502.339.2800
drkrealty1225@gmail.com
czdrkrealty@gmail.com

January 24, 2019

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE; Application by Foreign LLC for authorization to transact business in Florida

Dear Sirs:

Please find enclosed our application by foreign LLC for authorization to transact business in Florida along with our check for \$160.00 to pay the filing fee and get a certificate of status with a certified copy.

I am not sure of the first transacted business date. We just received the assignment of permit for Hart Lands, LLC. with transfer to Weber 1, LLC. on September 11, 2018.

In the event you have any questions or need additional information please contact my office at (502) 339-2800.

Sincerely,

Weber 1, LLC.

Daniel R. Kessler Managing Member

_28.K.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Weber 1, LLC Name of Limited Liability Company
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:
Daniel R. Kesslee Name of Person
WeBerl, LLC Firm/Company
2400 Lime Kiln LN. Suite F 3. 3
Address
Louisville, Ky 40222
City/State and Zip Code
2400 Lime Kiln LN. Suite F 3: 3 Address Louisville, Ky 40222 City/State and Zip Code C2dr Krealty @ gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel R. Kessler at (502) 339-2-800 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \precedent \$125.00\$ Filing Fee & Certificate of Status \end{array} \$155.00\$ Filing Fee & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certificate of Status & Certified Copy \$\Begin{array}{c} \$160.00\$ Filing Fee, Certified Copy \$\B

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in	Florida The alternate name mu	ist include "Limited Liabilit	y Company," "L.L.C." or "LLC.")
(Jurisdiction under the law of w	nch foreign limited hability company is organized)	3. <u>4</u>	<u>5 - 227349</u> (FEI number,	(f applicable)
	•			
	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605,0905, F.S. to det	r to registration.) ermine penalty liability)	 	
2400 Lin (Street Address of	te Kila La.	6 <u>24</u> らし	OU Linek (Mailing Address (ite F	In Lane
SuiteF Lovisville	Ky 40222		ouisville	Kg: 40222
Name and street address	s of Florida registered agent: (P.O. E	•		7. T
Name:	Daniel R. Kessle			
Office Address:	1510 Big Daks Dr	ive		
	Lakeland		orida <u>33810</u>)
egistered agent's accep	(City)		(Zip code)	
aving been named as re signated in this applica comply with the provis	(City)	of process for the abo it as registered agent	(Zip code) eve stated limited li and agree to act in	ability company at the plac this capacity. I further ag
aving been named as re signated in this applica comply with the provis	(City) tance: gistered agent and to accept service tion, I hereby accept the appointmer ons of all statutes relative to the pro	of process for the about as registered agent oper and complete perf	(Zip code) eve stated limited li and agree to act in	ability company at the plac this capacity. I further ag
aving been named as resignated in this application comply with the provised accept the obligation	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- s of my position as registered agent- (Registered agent- (Registered agent- Ame and Address: Lagrange Fish r GD Daniel R. K	of process for the about as registered agent oper and complete performs of the signature) of has/have authority to Title or Capital agent and the signature of	Cip code) we stated limited li and agree to act in formance of my du manage is/are:	ability company at the plac this capacity. I further ag
aving been named as resignated in this application comply with the provised accept the obligation. The name, title or caparity:	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Regustered agent acity and address of the person(s) who hame and Address: Lagrange Fish reformed by Daniel R. K.	of process for the about as registered agent oper and complete performs is signature) has/have authority to Title or Capital	Cip code) we stated limited li and agree to act in formance of my du manage is/are:	ability company at the plac this capacity. I further ag ties, and I am familiar with

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

27. Kend

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: 211557

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,

Weber1, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2011 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 artifulal report required by KRS 14A.6-010 has been delivered to the Secretary of State 25

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.

9



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

211557/0790156