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(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 632006 5031398

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AUTHORIZATION :

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COST LIMIT :

ORDER DATE : February 13, 2019

ORDER TIME : 1:11 PM

ORDER NO. : 632006-010

CUSTOMER NO: 5031398

\$

FOREIGN FILINGS

NAME: THORNTON TRANSPORTATION LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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 FOREGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

1. THORNTON TRANSPORTATION LLC

KENTUCKY		3.			
(Jurisdiction under the law of 12/29/2011 - APPLICAT	which foreign limited liability company is organize TON FILED IN CONNECTION WITH ATTON PREVIOUSLY AUTHORIZED (Date first transacted business in Florida,	ed) CONVERSION TO TRANSACT	(FEI number, if a OF THORNTON TRANPORTATION BUSINESS IN FLORIDA UNDER F	INC., A	
	(See sections 605 0904 & 605 0905, F.S.	to determine penalty	liability)		
2600 JAMES THORNTON WAY		6.		Y	
(Stree: Address of Principal Office)			(Mailing Address)		
LOUISVILLE, KY 4	<u> </u>		LOUISVILLE, KY 40245	· ·	20
				1	9
. Name and street addr	255 of Florida registered agent: (P.	O. Box <u>NOT</u> :	acceptable)		FEB 14
Name:	Corporation Service Company			3 S. 6 S	+
Office Address:	1201 Hays Street			Chic. Entrit Chice	PH 12
	Tallahassee		Florida 32301		- ü
	(City)		, 1 10/10/2		വ

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Emily Croft Corporation Service Company By: 70 Vice President a's signatur of SSL Registered

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

The or Capacity:	<u>Name and Address:</u>	Litle or Capacity:	Name and Address:
MBR	THORNTONS LLC <u>2600 JAMES THORNTON WA</u> LOUISVILLE, KY 40245	ΛY	

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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.

Secretary rized person SHELLY S. GIBSON, AUTHORIZED PERSON

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: 212355 Visit <u>https://app.sos.ky.gov/ftshow/certvalidate,aspx</u> 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,

THORNTON TRANSPORTATION LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 15, 1979 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 13th day of February, 2019, in the 227th year of the Commonwealth.



ndergan Ceimus

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 212355/0154465