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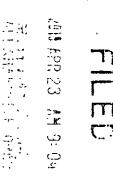
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: ASHWORTH, LLC
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:
DELISA RICHARds
Name of Person
Ashworth LLC
Firm/Company
P.O. Box 1117
Address
CAMPBELLSVILLE, KY 42719 City/State and Zip Code
delisa and nboroperties net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DELisa Richards at (210) 4109-0157 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: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

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: ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") ness in Florida, if prior to registration.) 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ____, Florida <u>34442</u>

Registered agent's acceptance:

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.

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: 214844

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.

ASHWORTH, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 9, 2000 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 18th day of April, 2019, in the 227th year of the Commonwealth.



Secretary of State

Commonwealth of Kentucky

214844/0489132



April 5, 2019

DELISA RICHARDS P.O. BOX 1117 CAMPBELLSVILLE, KY 42719 US

SUBJECT: ASHWORTH, LLC Ref. Number: W19000034922

We have received your document for ASHWORTH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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) 245-6051.

Zakiya M Brown Regulatory Specialist II

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www.sunbiz.org

Letter Number: 119A00006834