

M19000004815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

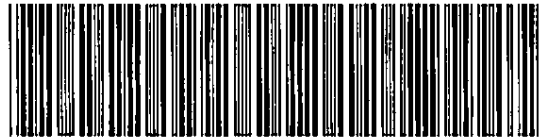
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 MAY 15 PM 5:41
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TALLAHASSEE, FL 32309

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Z BROWN

MAY 15 2019

FAX

Date: 05/15/2019 01:56:25 PM

Pages: 4

Subject: SANDY SHEWS FOREIGN LLC REGISTRATION

To: Zakiya Brown

From: Vincent Brodbeck

Organization: FL Dept of State

Organization: ARGI

Fax Number: 8502456030

Fax Number: 502-426-0247

Phone Number: _____

Phone Number: 502-753-0609

Email: VincentBrodbeck@argi.net

Comments:

Hello, please find enclosed the Foreign LLC Registration for Sandy Shews LLC, along with a Certificate of Existence.

Sent by Multi-Tech Systems

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDY SHEWS, 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:

CARL R. SHEWMAKER

 Name of Person

 Firm/Company

12301 FOREST SCHOOL LANE

 Address

LOUISVILLE, KY 40223

 City/State and Zip Code

RITCHIE.SHEWMAKER@GMAIL.COM

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT BRODBECK

502

753-0609

 Name of Contact Person

at (_____) _____

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
 Certificate of Status

☐ \$155.00 Filing Fee &
 Certified Copy

☐ \$160.00 Filing Fee, Certificate
 of Status & Certified Copy

2019 MAY 15 PM 1:59

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

*IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SANDY SHEWS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. KENTUCKY

3. 82-2172152

(Jurisdiction under the law of which foreign limited liability company is organized)

(D.F. number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0601 & 605.0605, F.S., to determine penalty liability)

5. 12301 FOREST SCHOOL LANE

6. 12301 FOREST SCHOOL LANE

(Street Address of Principal Office)

(Mailing Address)

LOUISVILLE, KY 40223

LOUISVILLE, KY 40223

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVE, 2ND FLOOR

TALLAHASSEE

32301

(City)

Florida

(Zip code)

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.

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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2019 MAY 15 PM 8:47

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

☐ Manager Name: CARL R. SHEWMAKER

☒ Member Address: 12301 FOREST SCHOOL LN

☒ Authorized LOUISVILLE, KY 40223

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: LISA SHEWMAKER

☒ Member Address: 12301 FOREST SCHOOL LN

☒ Authorized LOUISVILLE, KY 40223

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person

CARL R. SHEWMAKER

Typed or printed name of signer

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2019 MAY 15 PM 8:41
CLERK OF COURT
JANET A. GIBSON

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: 215819

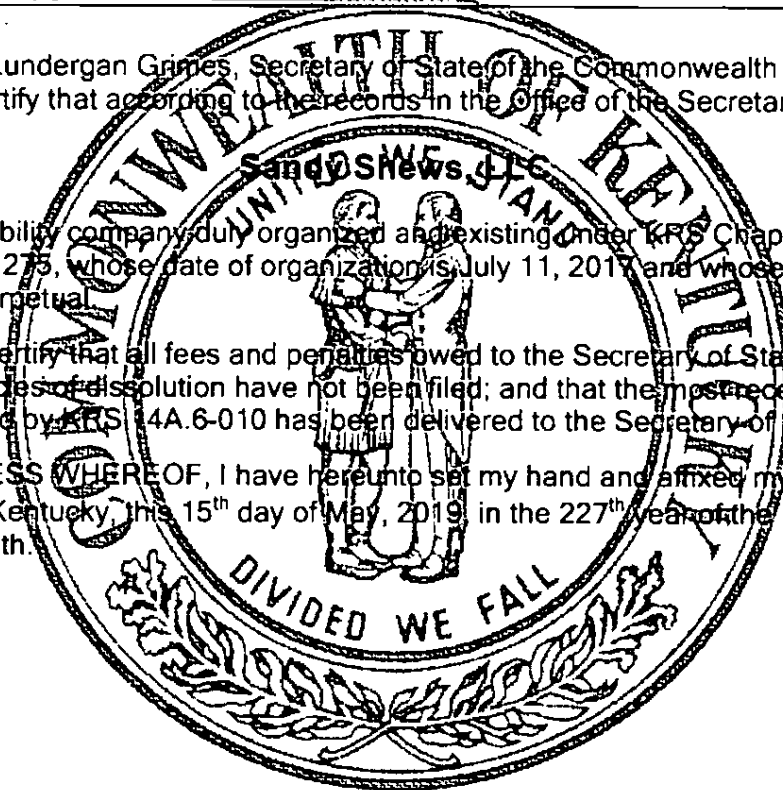
Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

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,

Sandys News, LLC
is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 273, whose date of organization is July 11, 2017 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 15th day of May, 2019, in the 227th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
215819/0990605



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2019

CARL R. SHEWMAKER
12301 FOREST SCHOOL LN
LOISVILLE, KY 40223 US

SUBJECT: SANDY SHEWS, LLC
Ref. Number: W19000043459

We have received your document for SANDY SHEWS, 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):

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

Letter Number: 419A00008963