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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

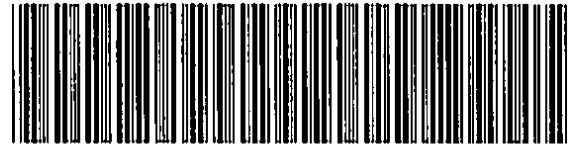
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2019

SHARON MORRIS  
217 NORTH UPPER ST  
LEXINGTON, KY 40507

SUBJECT: DESTINY BUSINESS ASSETS, LLC  
Ref. Number: W19000045636

We have received your document for DESTINY BUSINESS ASSETS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

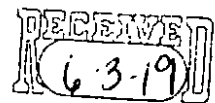
Please assign a title to each member

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 619A00010404





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2019

SHARON MORRIS  
217 NORTH UPPER ST  
LEXINGTON, KY 40507

SUBJECT: DESTINY BUSINESS ASSETS, LLC  
Ref. Number: W19000045636

We have received your document for DESTINY BUSINESS ASSETS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 019A00009395

RECEIVED

MAY 20 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DESTINY BUSINESS ASSETS 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:

SHARON K. MORRIS

Name of Person

DESTINY BUSINESS ASSETS LLC

Firm/Company

217 NORTH UPPER ST.

Address

LEXINGTON, KY 40507

City/State and Zip Code

SMORRIS@M-MLAW.COM

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

For further information concerning this matter, please call:

SHARON K. MORRIS

Name of Contact Person

859 281-6981  
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

2009 JUN -6 AM 7:11

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:

1. DESTINY BUSINESS ASSETS LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." 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," "L.L.C." or "LLC.")

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

3. 83-4257772  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida (if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 217 NORTH UPPER ST.  
(Street Address of Principal Office)

6. 217 NORTH UPPER ST.  
(Mailing Address)

LEXINGTON, KY 40507

LEXINGTON, KY 40507

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

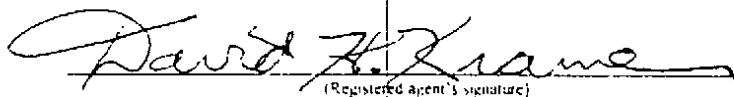
Name: DAVID H. KRAMER

Office Address: 6241 S.W. 9TH STREET

PLANTATION, Florida 33317  
(City) (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.

  
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: SHARON K. MORRIS
<input checked="" type="checkbox"/> Member	Address: 4318 WILSON LAKE LN
<input type="checkbox"/> Authorized	LEXINGTON, KY 40516
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: R. A. MORRIS
<input checked="" type="checkbox"/> Member	Address: 4318 WILSON LAKE LN
<input type="checkbox"/> Authorized	LEXINGTON, KY 40516
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JAMES M. MORRIS
<input checked="" type="checkbox"/> Member	Address: 4392 WILSON LAKE LN
<input type="checkbox"/> Authorized	LEXINGTON, KY 40516
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

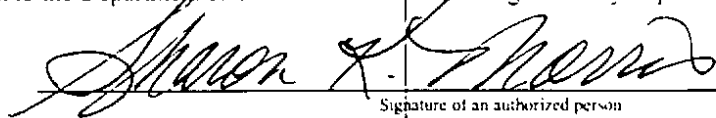
<input type="checkbox"/> Manager	Name: STEPHANIE L. MORRIS
<input checked="" type="checkbox"/> Member	Address: 4392 WILSON LAKE LN
<input type="checkbox"/> Authorized	LEXINGTON, KY 40516
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> 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  
SHARON K. MORRIS  
Typed or printed name of signer

**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: 215261

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,

**Destiny Business Assets LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 2, 2019 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 30<sup>th</sup> day of April, 2019, in the 227<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
215261/1054130