

MI90000009204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

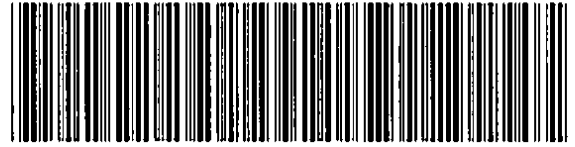
(Document Number)

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

Special Instructions to Filing Officer:

\*Anna gave  
permission to  
correct name

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2019 SEP 13 PM 3:57

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SEP 24 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2019

ANNA NOAKES  
10200 FOREST GREEN BLVD., STE 112  
LOUISVILLE, KY 40223

SUBJECT: NOAKES LAW GROUP PLLC  
Ref. Number: W19000083847

We have received your document for NOAKES LAW GROUP PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 819A00019123

# NOAKES

## LAW GROUP

PERSONAL INJURY & MEDICAL MALPRACTICE

Anna Noakes, Attorney\*  
Randall G. Noakes Jr, RN, BSN, J.D.  
Ryan W. Hooss, Attorney ^  
(Of Counsel)

September 18, 2019

Ms. Kinsey,

Per our conversation yesterday, Noakes Law Group LLC. has not transacted business in the state of Florida in the calendar year of 2018.

Respectfully,



Anna P. Noakes

Attorney at Law

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\*Admitted in KY    ^Admitted in IN

Louisville Office: 10200 Forest Green Blvd, Suite 112, Louisville, KY 40223

Lexington Office: 2333 Alexandria Drive, Lexington, KY 40504

P: (502) 777-7854 F: (888) 731-9393

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Noakes Law Group PLLC**

\_\_\_\_\_  
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:

Anna Noakes

\_\_\_\_\_  
Name of Person

Noakes Law Group PLLC

\_\_\_\_\_  
Firm/Company

10200 Forest Green Blvd, Suite 112

\_\_\_\_\_  
Address

Louisville, KY 40223

\_\_\_\_\_  
City/State and Zip Code

anoakes@noakeslaw.com

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

For further information concerning this matter, please call:

Anna Noakes

561

351-0027

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

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

Noakes Law Group 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 3. 82-3011590  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/01/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2054 Vista Parkway 6. 10200 Forest Green Blvd  
(Street Address of Principal Office) (Mailing Address)

Suite 400 Suite 112

West Palm Beach, FL 33411 Louisville, KY 40223

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

Name: Anna Noakes

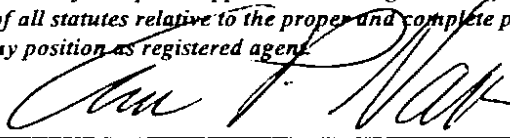
Office Address: 2054 Vista Parkway, Suite 400

West Palm Beach 33411  
(City) , Florida (Zip code)

2019 SEP 13 PM 3:57

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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Anna Noakes  
☐ Member Address: 10200 Forest Green Blvd  
☐ Authorized Person Louisville, KY 40223  
(561) 351-0027  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized Person \_\_\_\_\_  
☐ Other ☐ Other

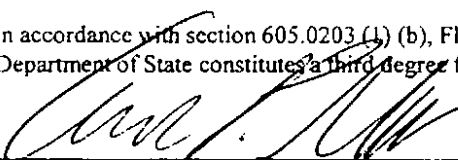
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized Person \_\_\_\_\_  
☐ Other ☐ Other

☐ 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

Anna Noakes, Managing Member

\_\_\_\_\_  
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: 219676

Visit <https://app.sos.ky.gov/itshow/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,

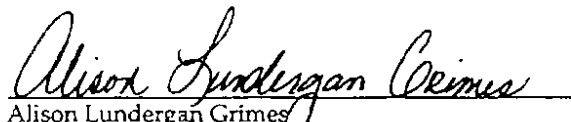
**Noakes Law Group, PLLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 6, 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 27<sup>th</sup> day of August, 2019, in the 228<sup>th</sup> year of the Commonwealth.



  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
219676/0998907