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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
SUPERIOR VAN & MOBILITY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Y SCOTT

OCT 09 2019



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Van & Mobility, 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 in the following:

Name of Person
Capitol Services - Corporate Filings Team
Firm/Company

Address
516 East Park Avenue 2nd Fl

City/State and Zip Code
Tallahassee, FL 32301

E-mail address (to be used for future annual report notification)
regagent@capitol-services.com

FILED
2019 OCT -8 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Contact Person _____ at _____ 855 498 - 5500
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 FLORIDAIN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Superior Van & Mobility, LLC

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

(If applicable, certify alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company,"

2. Kentucky

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

3. _____

(FPI number, if applicable)

4. 12/01/2019

(Date first requested business in Florida. If prior to registration, add date sections 605.09(4) & 605.09(5), F.S. to determine priority liability)

5. 1508 Lake Shore Court

(Office Address of Principal Office)

6. 1508 Lake Shore Court

(Mailing Address)

Louisville, KY 40228Louisville, KY 402287. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee

(City)

Florida 32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above named 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.

Krista Abair, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

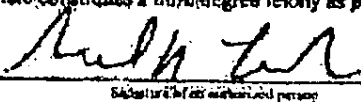
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Samuel R Cook</u>	☐ Manager	Name: <u>Kathryn M Cook</u>
☒ Member	Address: <u>8307 Innisbrook Drive</u>	☒ Member	Address: <u>8307 Innisbrook Drive</u>
☐ Authorized	<u>Prospect, KY 40059</u>	☐ Authorized	<u>Prospect, KY 40059</u>
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ 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. 817.133, F.S.


Signature of authorized person

Samuel Cook

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: 221227
Visit <https://app.sos.ky.gov/show/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,

SUPERIOR VAN & MOBILITY, LLC
is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 2, 2003 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 8th day of October, 2019, in the 22nd year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
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