M20000	000419
(Requestor's Name) (Address) (Address)	600337458496
(City/State/Zip/Phone #)	12/09/1901028026 **160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	- 13050-3 bil
Special Instructions to Filing Officer:	
Office Use Only	



COVER LETTER

TO: Registration Section Division of Corporations

Cannon's Construction,LLC
SUBJECT:

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:

Hillard Cannon				
	Name o	f Person		
Cannon's Constru	action, LLC			
	Firm/Co	ompany		
P.O. Box 15				
	Ado	ress		
Miltwood, KY 42	2762			
	City/State a	nd Zip Code		. 2
erictaxservice@yal	noo.com			2019 DEC
	E-mail address: (to be used for f	uture annual report not	fication)	, Ĕ
her information concerning	this matter, please call:			- 0
Hillard Cannon	at (270 230 - 73	35	PH L:
Name of	Contact Person	Area Code Day	ime Telephone Number	<u></u>
MAILING ADDRESS:		STREET	ADDRESS:	
Division of Corporations			of Corporations	
Registration Section			B	
P.O. Box 6327		Clifton B	0	
		Clifton B 2661 Exe	uilding cutive Center Circle ce, FL 32301	
P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the	following amount: to: FLORIDA DEPARTMEN	Clifton B 2661 Exe Tallahass	cutive Center Circle	

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:

ı.	Cannon's	Construction, LLC
----	----------	-------------------

(Name of Foreign	Limited Liability Company; must include "Limit	led Liability	Company," "L.L.C.," or "LLC.")			_	
Fname unavailable, enter altornate n	ame adopted for the purpose of transacting business in Fl	londa The alt	ternate name must include "Limited Liab	ality Company," "I	LC," or "Ll		
Kentucky			16-1756915				
(Jurisdiction under the law of which foreign limited liability company is organized) 3.			(FEI numb	(FEI number, if applicable)			
October 1, 2019							
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 005.0905, F.5, to determ	o registration. nuie penalty l) abitty)				
6415 Beaver Dam Road (Street Address of Principal Offlice) 6.			P.O. Box 15				
		0.	(Mailing Address)				
Millwood, KY 42762			Millwood, KY 42762				
					201		
Name and street addree	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> a	cceptable)		9 020	_	
Name:	CT Corporation System				Pid		
Office Address:	1200 South Pine Island Road			• •-	두: 		
	Plantation		33324 , Florida				
	(Сйу)		(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.

Chuatter Call Chaine Kain esident Secretary (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:	Title or Capacity:		Name and Address:
Manager	Name: Hillard Cannon	Manager	Name:	
Member	Address: P.O. Box 15	Member	Address:	
Authorized	Millwood, KY 42762	Authorized		
Person		Person		
Other	Other	Other		[]Other
Manager	Name:	🗌 Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		21
Other	Other	Other		[]Other
Manager	Name:	🗋 Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		<u>.</u>
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. Nonindexed 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.

tilla I. Com

Signature of an authorized person

Hillard Cannon

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: 223676 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,

11.00

CANNON'S CONSTRUCTION, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 1, 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 4th day of December, 2019, in the 228th year of the Commonwealth.

2019 DEC - 9 PH; 4: 13



desgan Cremus

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 223676/0573095