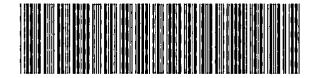
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то:	Registration Section Division of Corporations			
•	CT: H & S Title, LLC			•
SUBJEC		ited Liability Company		
	losed "Application by Foreign Limited Liability Company ce, and check are submitted to register the above reference			
Please re	eturn all correspondence concerning this matter to the foll	owing:		
	Daniel V. Smith			
	Name	of Person		
			20:	
	Jett Title, LLC		ر 20	
	Firm/	Company	2020 JUL 14	
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	2560 Richmond Rd.,	*	P 34	<u> </u>
	A	ddress Ey	2:	سدا
	Lexington, KY 40509	1455 1455	16	
		and Zip Code		
	dsmith@soblawfirm.co	•		
		r future annual report notification)		
		radic amula report notification)		
For furth	her information concerning this matter, please call:			
	Daniel V. Smith	<sub></sub> 859 <sub></sub> 200-0310		
	Name of Contact Person	Area Code Daytime Telephone Number		
	MAILING ADDRESS:	STREET ADDRESS:		
	Division of Corporations	Division of Corporations		
	Registration Section	Registration Section		
	P.O. Box 6327 Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME	ENT OF STATE		
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	ee, Cert	ificate
	Certificate of Status	Certified Copy of Status & Certi		

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

IN COMPLIANCE WITH SECTION 605,0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA: <sub>1.</sub> H & S Title, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Jett Title, 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2560 Richmond Rd., Suite #00 2560 Richmond Rd. Suite 100 (Street Address of Principal Office) Lexington, KY 40509 Lexington, KY 405 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

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: Name: Mathew Hulberg Name: Daniel V. Smith Manager Manager Address: 2560 Richmond Rd. Address: 114 N. Second St. Member Member Suite 100 Suite A Authorized Authorized Lexington, KY 40509 Richmond, KY 40475 Person Person Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other Manager Name: Manager Name: Member Address: \_\_\_\_\_ Member | Address: Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_\_ Other Manager Manager Name: 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. 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 fellony as provided for in s.817.155, F.S. Signature of an authorized person Daniel V. Smith

Typed or printed name of signee

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Per	son	
of H & S Title, LLC		
(Name of Limited Liability Company)	<del></del> '	
a limited liability company duly organized and existing under the la	ws of	
Kentucky		
(State or Country of Organization)	2020 7675	
Because the name of this foreign limited liability company does not	satisfy the	
requirements of the s. 605.0112, F.S., the limited liability company	السيم أأثرا	
following name to transact business in the state of Florida:	PM 2	,
Jett Title, LLC	2: 17 DRIES	
(Name to be used by limited liability company in Florida. NOTE: Name must contain Lim Company, L.L.C., or LLC.)	nited Liability	
A 10/1		
M N'L	7-8-2020	
Signature Authorized Person	Date	

### Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 233537

Visit <a href="https://web.sos.ky.gov/ftshow/certvalidate.aspx">https://web.sos.ky.gov/ftshow/certvalidate.aspx</a> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### H & S Title, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 19, 2018 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 annuale 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 7th day of July, 2020, in the 229th year of the Commonwealth.



Michael & Colom

Michael G. Adams Secretary of State Commonwealth of Kentucky 233537/1008289