M1000000778

(Rec	questor's Name)			
(Add	Iress)			
(Add	lress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	Mait	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			
		1		

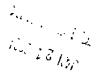
Office Use Only



300358119233

01/14/21--01018--012 **125.00





* · COVER LETTER

TO:	Registration Section Division of Corporations	, 2 8.
SUBJ	# GLENN FAMILY REAL ESTATE SECT:	
501.0	<u></u>	Name of Limited Liability Company
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please	e return all correspondence concerning this	matter to the following:
	DOUGLAS P. DEAN	
		Name of Person
	DEAN DORTON	
		Firm/Company
	250 W MAIN ST, STE 1400	
		Address
	LEXINGTON, KENTUCKY 4	‡ 0507
	-	City/State and Zip Code
	DDEAN@DEANDORTON.CO	M
	E-mail addres	ss: (to be used for future annual report notification)
For fu	orther information concerning this matter, pl	lease call:
	SAMUEL G CARNEAL	859 252-9000 at ()
	Name of Contact Perso	
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following an Please make check payable to: FLORIE ■ \$125.00 Filing Fee □ \$130.00 F	DA DEPARTMENT OF STATE

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fior	rida. The alternate	name must include "Limited Liahi	lity Company	;""L.L.C	," or "LL
KENTUCKY		-				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number,	if applicable)	1	
JANUARY 1, 2021						
•	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) c penalty liability)				
250 W MAIN ST, STE 1400		250 W MAIN ST, STE 1400				
treet Address of Principal Office)		0	Auling Address)			
C/O DOUGLAS P. DE	EAN	C/O D	OUGLAS P. DEAN			
LEXINGTON, KENTU	UCKY 40507	LEXI	NGTON, KENTUCKY	;} 10507	21	
					, ,	
Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT accepta	ble)	•	=======================================	~ .
. Talle till <u>till et med med med med med med med med med med</u>	<u></u> (, , , , , , , , , , , , , , , , , , ,		····,	4		7
	CT CORPORATION SYSTEM			. 4.	් දා	1.7
Name:					٠, 3	
Office Address:	1200 SOUTH PINE ISLAND ROAD			•	ယ	
	PLANTATION		33324 . Florida			
	(City)		(Zip code)			

Rose Song, Assistant Secretary

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: DOUGLAS P. DEAN	■Manager	Name: GUY M. GRAVES
□Member	Address: 250 W MAIN ST, STE 1400	□Member	Address: 201 W SHORT ST, STE 201
□Authorized	LEXINGTON, KY 40507	□Authorized	LEXINGTON, KY 40507
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. 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 \$.817.155, F.S.

SAMUEL G. CARNEAL, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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: 240846

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx 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.

GLENN FAMILY REAL ESTATE HOLDINGS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 28, 2020 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 13th day of January, 2021, in the 229th year of the Commonwealth.



Michael G. aldam

Michael G. Adams Secretary of State Commonwealth of Kentucky 240846/1110728