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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

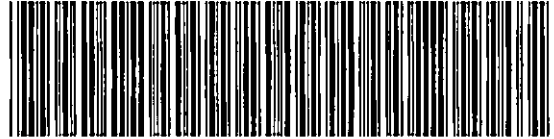
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 21 2011

LAW OFFICES OF
FRANKLIN & RAPP

1001 MONARCH ST.
SUITE 120
LEXINGTON, KENTUCKY 40513
WWW.FRANKLINANDRAPP.COM
TELEPHONE: (859) 254-8051
FACSIMILE: (859) 233-4234

DAVID A. FRANKLIN
DFRANKLIN@FRANKLINANDRAPP.COM

JASON RAPP
JRAPP@FRANKLINANDRAPP.COM

NATALIE DAMRON MCCORMICK
NMCCORMICK@FRANKLINANDRAPP.COM

MAILING ADDRESS:
P.O. BOX 910119
LEXINGTON, KY 40591-0119

LEGAL ASSISTANT
JENNIFER PARKS
JPARKS@FRANKLINANDRAPP.COM

January 15, 2021

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: DRESSMAN REI, LLC

Dear Registrar:

Enclosed herewith are the required documents to register DRESSMAN REI, LLC, as a foreign corporation. I have also enclosed my check in the amount of \$155.00 for the filing fee and certified copy. Thank you for your assistance in this matter.

Sincerely,



David A. Franklin

DAF:ndm
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRESSMAN REI, 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 to the following:

DAVID L. DRESSMAN

Name of Person

DRESSMAN REI, LLC

Firm/Company

2405 OLDE BRIDGE LN

Address

LEXINGTON, KY 40513

City/State and Zip Code

Ddress@gmail.com

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

For further information concerning this matter, please call:

DAVID L. DRESSMAN

Name of Contact Person

at (859) 396-8919

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. DRESSMAN REI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0748333
(FEI number, if applicable)

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

5. 2405 OLDE BRIDGE LN.
(Street Address of Principal Office)

6. 2405 OLDE BRIDGE LN.
(Mailing Address)

LEXINGTON, KY 40513

LEXINGTON, KY 40513

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

Name: STEVEN RICHARD DRESSMAN

Office Address: 11574 DARLINGTON DR.

ORLANDO, Florida 32837-9027
(City) (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.

X Steven Richard Dressman
(Registered agent's signature)

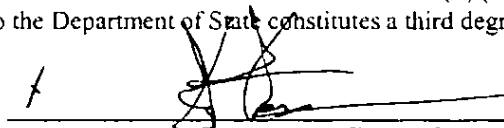
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>DAVID L. DRESSMAN</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2504 OLDE BRIDGE LN</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>LEXINGTON, KY 40513</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>KENNETH L. DRESSMAN</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>278 MUNDY'S LANDING</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>VERSAILLES, KY 40383</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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)

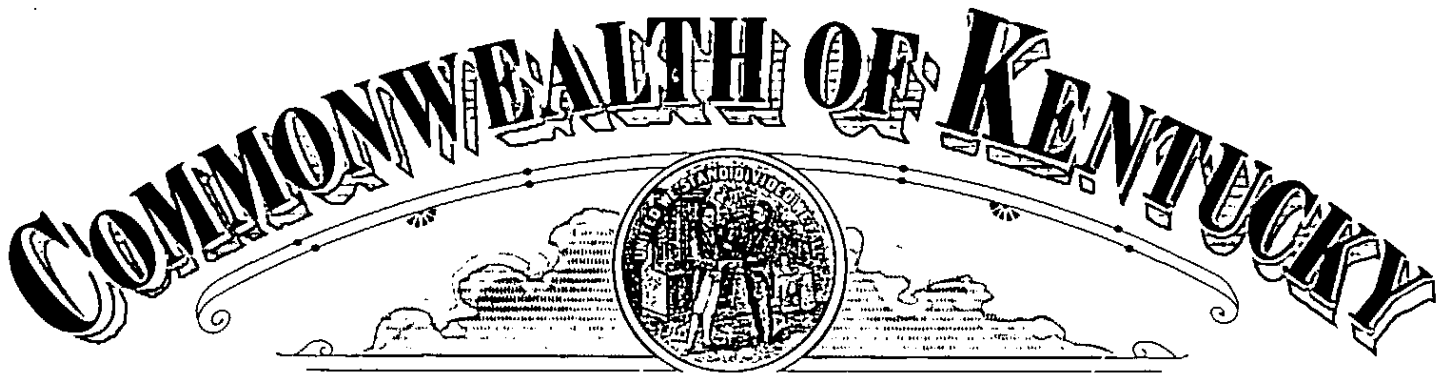
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

DAVID L. DRESSMAN

Typed or printed name of signer



Michael G. Adams
Secretary of State

Certificate

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF ORGANIZATION OF

DRESSMAN REI, LLC FILED APRIL 9, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of November, 2020.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
jelark/1093121 - Certificate ID: 238430

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mmullin:

ADL

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/9/2020 1:42 PM
Fee Receipt: \$40.00

ARTICLES OF ORGANIZATION

OF

DRESSMAN REI, LLC

KNOW ALL MEN BY THESE PRESENTS:

The undersigned does hereby form a limited liability company under Chapter 275 of the Kentucky Revised Statutes and adopts as the Articles of Organization of such limited liability company the following:

ARTICLE I

The name of this limited liability company is **DRESSMAN REI, LLC**.

ARTICLE II

The duration of this limited liability company shall be **PERPETUAL** unless the members agree to extend the term of the company's duration.

ARTICLE III

The purpose and nature of the business which is to be transacted, promoted and carried on by this limited liability company is real estate investment and all other acts which may be legally transacted in the Commonwealth of Kentucky.

ARTICLE IV

The address of the principal office and the initial registered office of this limited liability company is 2405 Olde Bridge Ln., Lexington, KY 40513. The name of its initial registered agent is David L. Dressman, 2405 Olde Bridge Ln., Lexington, KY 40513.

ARTICLE V

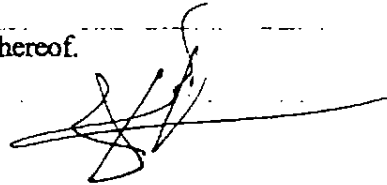
This limited liability company will have one (1) or more members.

ARTICLE VI

The company will be managed by a managing member.

Dated: April 1, 2020.

IN WITNESS WHEREOF, I, the undersigned, have executed these Articles of Organization
and hereby swear that I have read the foregoing Articles and that the statements therein are true and
correct to the best of my knowledge and belief as of the date hereof.



DAVID L. DRESSMAN

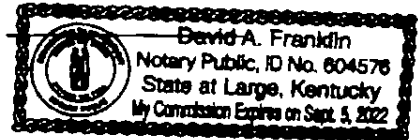
STATE OF KENTUCKY

COUNTY OF FAYETTE

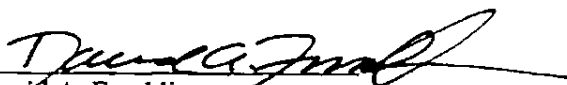
The foregoing instrument was acknowledged before me this 1ST day of April, 2019, by
David L. Dressman.

My Commission expires: 9.5.22


NOTARY PUBLIC, STATE AT LARGE, KY.
NOTARY ID. NUMBER



This instrument prepared by
David A. Franklin, Attorney
Franklin & Rapp
1001 Monarch St., Suite 120
Lexington, KY 40513


David A. Franklin

CONSENT TO APPOINTMENT BY
REGISTERED AGENT

I, David L. Dressman, voluntarily consent to serve as the registered agent for
DRESSMAN REI, LLC, on the date shown below.

Dated this 1ST Day of April, 2020.


DAVID L. DRESSMAN