N210000375

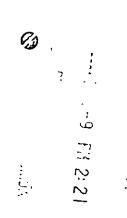
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICKUP WAIT MAIL
(Business Entity Name)
(isdaness chuty Name)
(i)ocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special matrice and to ming officer
wa100032589
30 5, 1000 000 000 00 00 00 00 00 00 00 00 00





600361435136





31412 30 % (179022)

2021 MAR -9 PM 4: 50

FILED





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 696469 4322335

AUTHORIZATION: Sprelle Real

COST LIMIT : \$\sqrt{125}\tau00

ORDER DATE: March 8, 2021

ORDER TIME : 11:20 AM

ORDER NO. : 696469-005

CUSTOMER NO: 4322335

FOREIGN FILINGS

NAME: CRESTVIEW MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2021

CSC

RESUBMIT
Please give original submission date as file date.

Letter Number: 321A00005086

SUBJECT: CRESTVIEW MANAGEMENT, LLC

Ref. Number: W21000032589

We have received your document for CRESTVIEW MANAGEMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHAT IS THE TITLE FOR COLUMBIA MANAGEMENT, INC.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

C	restview Management, LLC	
BJECT:	Name	c of Limited Liability Company
والقيدة المستم		• • •
tence, and	theck are submitted to register the above in	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
	correspondence concerning this matter to	
	Amy Brown	
		Name of Person
	•	Name of Person
	Katz Teller	
		Firm/Company
	255 E Fifth St Ste 2400	
. •		
		Address
	Cincinnati OH 45202	· · · · · · · · · · · · · · · · · · ·
	Ci	Address ity/State and Zip Code
	sherry.ward@columbiasussex.com	
4	E-mail address: (to be	used for future annual report notification)
urther infor	mation concerning this matter, please call	س استهد
Amy E	lrown	513 977-3486
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing	Address:	Street Address:
	ration Section	Registration Section
	on of Corporations	Division of Corporations
	ox 6327	The Centre of Tallahassee
i ailah	assee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	d is a check for the following amount:	
Please r	nake check payable to: FLORIDA DEPA	ARTMENT 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 SURMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-Crestview Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (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.") Kentucky 85-2570407 (furisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 1/1/2021 740 Centre View Blvd (Street Address of Principal Office) Crestview Hills KY 41017 Crestview Hills KY 41017 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 hays st Office Address: Tallahassee 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.

(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: Thomas L. Drake Derek J. Haught Manager Manager _ 740 Centre View Blvd 740 Centre View Blvd □ Member -□Member Crestview Hills KY 41017 Crestview Hills KY 41017 Authorized _Authorized Person Person **VP Finance** X. Other_ XManager | □Manager Name: Member. Member Address. Crestview Hills KY 41017 _Authorized Authorized Person Person Other \square Other ☐Manager ☐ Manager □Member _Member Address: Authorized Authorized Person Person 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 segree felony as provided for in s.817.155, F.S. Sign Thornas Diakenon Vice President,

Secretary/Treasurer

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: 243488

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, des hereby certify that according to the records in the Office of the Secretary of State,

Crestview Management, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A KRS Chapter 275, whose date of organization is August 3, 2020 and whose period 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 9th day of March, 2021, in the 229th year of the Commonwealth.



Michael G. Adams

Michael G. Adams Secretary of State Commonwealth of Kentucky 243488/1106868