# M21600006202

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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May 13, 2021

DENISE MATTINGLY 452 E LEE ST LOUSIALLE, KY 40217

SUBJECT: DENISE MATTINGLY.COM LLC

Ref. Number: W21000066301

We have received your document for DENISE MATTINGLY.COM LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Suzanne Hawkes Regulatory II

www.sunbiz.org

Letter Number: 321A00010108

#### **COVER LETTER**

| TO:       | Registration Section Division of Corporations  |
|-----------|--|
| SUBJEC    | Name of Limited Kiability Company  |
|           | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please re | turn all correspondence concerning this matter to the following:   |
|           | Dense Wattingly  |
|           | Dansellaland con (C DBA Chateaubellean Beach   |
|           | Address St   |
|           | 200. Kz 40217  |
|           | City/State and Zip Code  PROPAGATION COM  E-mail address: (to be used for future annual report notification)   |
| For furth | er information concerning this matter, please call:  |
|           | Name of Contact Person) at (50) 14 836  Area Code Daytime Telephone Number   |
|           | Mailing Address: Street Address:   |
|           | Registration Section Registration Section  |
|           | Division of Corporations  P.O. Box 6327  Division of Corporations  The Centre of Tallahassee   |
|           | Tallahassee, FL 32314  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  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |

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

|   | TION 605.0902, FLORIDA STATUTES, THE F<br>ISINESS IN THE STATE OF FLORIDA:  | OLLOWING IS SUBMITTED                 | TO REGISTER A F        | FOREJGN LJMITE                               | ID ILIABIILITY |
|---|---|---------------------------------------|------------------------|--|----------------|
| 1. DENIS  | Limited Liability Company; plust include "Limite  | A Liability Company ""1 L C           | "or"  1 (7 ")          |  |                |
| PGC   | Chritocu Bellour R  | Dearly (de                            |                        |  |                |
| (If name unavailable, enter alternate r               | name adopted for the purpose of transacting business in F   | lorida. The alternate name must inclu | ude "Lamited Liability | Company," "L.L.C," or                        | r "IJ C.")     |
| 2. (Jurisdiction under the law of w                   | hich foreign-fimiled hability company is organized)   | 3                                     | (FEI number, if ap     | oplicable)                                   | _              |
| 4   | (Date first transacted business in Florida, if prior to   | registration.)                        |                        |  |                |
| 5. (Street Address of Principal Office)               | (Date first transacted business in Florida, if prior to ISec sections 605,0904 & 605,0905, F.S. to determ   |                                       | 6                      | LGO St                                       | _              |
| Lais  | ville ky 4000   | <u>LUS</u>                            | ille K                 | +40  | ( )            |
| 7. Name and street address                            | s of Florida registered agent: (P.O. Bo   | NOT acceptable)                       |                        |  | _              |
| Name:   | MATTHEW CODDINGS  | av,                                   |                        | 2021 HAY 2 J. PM 4: 04<br>SECRETARY OF STATE |                |
| Office Address:                                       | 2700 GULF BLVD #  | 3                                     |                        | 27.  |                |
|   | BEILEAIR BEAGH  | , Florida _                           | 33 <i>786</i>          | SEE ST. 18                                   | O              |
|   | (Cily)  |                                       | (Nib fode)             | FALSE OF                                     |                |
| designated in this applica to comply with the provisi | tance: gistered agent and to accept service of gistered agent and to accept service of tion, I hereby accept the appointment alons of all statutes relative to the proper of my position as registered agent. | s registered agent and ag             | ree to act in thi.     | s capacity. I fui                            | ther agree     |
|   | (Registered agent's   | signature)                            |                        |  |                |

| manage [up to       | o six (o) tomij.   |                          | members/managers or persons authorized to  Name and Address:        |                    |
|---------------------|--|--------------------------|---|--------------------|
| Title or Caps       | city; Name and Address:  | Title or Capacity        | •   |                    |
| □Manager            | Name: Denice Mottingly   | □Manager                 | Name:   |                    |
| ☐ Member            | Address: 452 & Leo St  | □Member                  | Address:  | ٠.                 |
| Authorized          | LOOVILLE KY 10217  | □Authorized ,            |   | •                  |
| Person              |  | Person                   |   | - <sup>:</sup> - , |
| □Other              | □Other   | Other                    | □Other  |                    |
|                     |  |                          |   |                    |
|                     | Mott Coldination   | □Manager                 | Name:   |                    |
| □Manager            | Name: MATT WEN GTON  |                          | , Natite.   | <u> </u>           |
| □Member             | Address: X/UV QUID DIVO  | □Member                  | Address:  |                    |
| Authorized          | <u> </u>   | □Authorized              |   | <u>.</u>           |
| Person              | _ Belleair Barch 1331Xe  | Person                   |   |                    |
| □Other              |  | □Other                   | □Other .  |                    |
|                     | •  |                          |   |                    |
| <b></b>             |  |                          |   |                    |
| □Manager            | Name:  | □Manager                 | Name:   | •                  |
| □Member             | Address:   | □Member                  | Address:  |                    |
| Authorized          |  | □Authorized              |   |                    |
| Person              |  | Person                   |   | :                  |
|                     |  |                          |   |                    |
| Other               | Other  | □Other                   | Other   | ·                  |
| ontant Notice: He   | an offschment to meant more than sin (6). The  |                          |   |                    |
| exed individuals m  | e an attachment to report more than six (6). The may be added to the index when filing your Flor | ida Department will be i | imaged for reporting purposes only. Non-<br>tate Annual Report form |                    |
|                     | cate of existence, no more than 90 days old, du  | •                        |   |                    |
| GIOTION WINDER CITY | ew of which it is ofganized. Iff the certificate i   | is in a foreign langua   | age, a translation of the certificate under                         | the                |
|                     | e admitted)  |                          |   | , Y                |
| his document is e   | xecuted in accordance with section 605,0203 (  | (I) (b), Florida Statu   | ites. I am aware that any false information                         | 13                 |
| med in a documer    | nt to the Department of State constitutes a third  | egree felony as pr       | ovided for in s.817.155, F.S.                                       | Ż                  |
|                     | $H \to H \to$                                    | 1 / .                    |   | \$                 |

## 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: 247054

Visit https://web.sos.ky.gov/ftshow/certvalldate.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,

### DENISE MATTINGLY.COM LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is July 18, 2011 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 21st day of May, 2021, in the 229th year of the Commonwealth:



Michael G. adams

Michael G. Adams Secretary of State Commonwealth of Kentucky 247054/0795980