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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160C00C17
Phone : (855) 498-5500
Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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Foreign Limited Liability Company
STRATEGIC WEALTH AVIATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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6/3/21

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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. Strategic Wealth Aviation, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
(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.
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration
(See sections 605.0901 & 605.0905, F.R. to determine parity liability)

5. 500 N. Hurstbourne Parkway, Suite 120
(Street Address of Principal Office)
Louisville, Kentucky 40222
6. 500 N. Hurstbourne Parkway, Suite 120
(Mailing Address)
Louisville, Kentucky 40222

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(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.

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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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: Manager **Name and Address:** Matthew Dicken
 Manager Name: Matthew Dicken
 Member Address: 500 N. Hurstbourne Parkway, Suite 120
 Authorized Louisville, Kentucky 40222
 Person _____
 Other _____ **Other** _____

Title or Capacity: Authorized **Name and Address:** Robert L. Brown
 Manager Name: _____
 Member Address: 500 W. Jefferson St., #2100
 Authorized Louisville, Kentucky 40202
 Person Robert L. Brown
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ **Other** _____

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 STATE OF FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

Robert L. Brown
 Signature of an authorized person

Robert L. Brown
 Typed or printed name of signer

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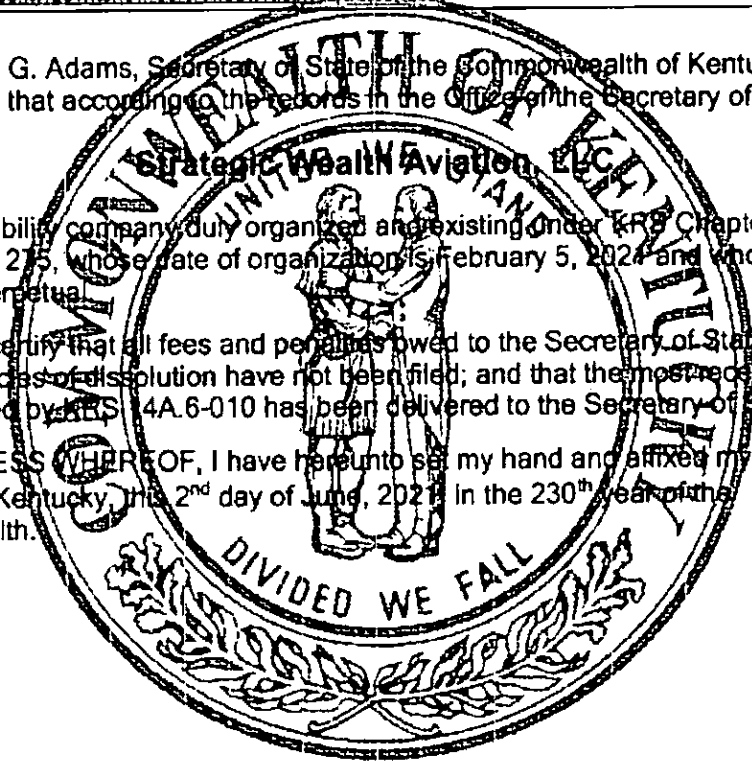
**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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: 247501
Visit <https://web.sos.ky.gov/mshow/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,



is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 5, 2021 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 2nd day of June, 2021 in the 230th year of the Commonwealth.

OFFICE OF THE SECRETARY OF STATE
TALLAMASSEE, FL

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FILED



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
247501/1132643