# 1000010787

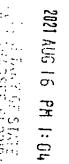
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000371768640

08/16/21--01016--027 \*\*155.00



AUG 18 2021 M. SOLOMON

### COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: James L. Fine Name of L	Horney PLLC imited Liability Company			
	any for Authorization to Transact Business in Florida." Certificate of need foreign limited liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:				
James	eme of Person			
• • •	L. Fine, Attorney, PLLC			
4175 Westport Rd. # 106				
Louisville, KY 40207				
City/State and Zip Code  fine law GaH, net  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person	at (SC2) 429-9/39 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 DEPART  [] \$125.00 Filing Fee	S155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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

IN COMPLIANCE WITH SECTION 605,0902, COMPANY TO TRANSACT BUSINESS IN THE		OLLOWING IS:	SUBMITTED TO RE	GISTER A FOREIGN	V LIMITED	LLABILJTY
1. (Name of Foreign Limited Liability		Affe d Liability Comp	orney 1  any.""L.L.C. for "L	<sup>9</sup> 4.4. <i>C</i>		
(Il name unavailable, enter alternate name adopted for the					"L4, C," or "L	.L(I,T)
2. (Jurisdiction under the law of which foreign limited			•	1 500 G I number, if applicable)		
4. (Date first trait (See sections	////2 CV 7 ssacted business in Florida, if prior to 605 0904 & 605,0905, F.S. to determ	registration.) ine penalty liability	,	<u>-</u>		
5. 4/75 WEST PURCHARD Office)	+ Rd. # 106	6	Sams Mailing Address)			
Laurelle Ky 4	10207			<del></del>	· · · · · · · · · · · · · · · · · · ·	200
					1 HUD 1 G	<u>*</u>
<ol> <li>Name and <u>street address</u> of Florida re</li> </ol>	egistered agent: (P.O. Box	<u>NOT</u> accept	able)			
Name: Jar	nes (. Fine		<del>-</del>	11.00	0.51916 0.051916 0.051916	
	1 Avelline				12	
	Vaples (City)		_ , Florida <u> </u>	0dc)		
Registered agent's acceptance: Having been named us registered agen designated in this application, I hereby to comply with the provisions of all stat and accept the obligations of my positio	accept the appointment a utes relative to the proper	s registered a	gent and agree to	act in this capaci	ity. I furth	er agree
	Qr.7	2	_			

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: Tames L. Fine	□Manager	Name:	
☐ Member	Address: 57/ Avelling Isles	□Member	Address:	
□Authorized	Circle Unit 27/02	□Authorized	-	
Person	Naple FL 34/19	Person		
□Other		□Other		Other
□Manager	Name:	□Manager	Name:	<del></del>
□Member	Address:	□Member	Address:	20
□Authorized		□Authorized		2021
Person		Person		75 <b>5</b>
□Other	Other	Other		Other
				Sign III
□Manager	Name:	□Manager	Name:	<u> </u>
∐Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	<u> </u>	Person		
□Other		□Other		□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

Telemes L. Fin E

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: 250599

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,

## JAMES L. FINE, ATTORNEY, PLLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 13, 1999 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 13<sup>th</sup> day of July, 2021, in the 230<sup>th</sup> year of the Commonwealth.



Michael G. Adams Secretary of State Commonwealth of Kentucky

250599/0472504

Michael G. aldam