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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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Foreign Limited Liability Company Aquatic Resource Center, LLC

Certificate of Status	0
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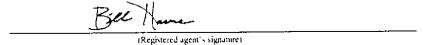
Corporate Filing Menu

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

IN COMPILANCE WITH SECTION 6/15/09/02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	which The alternate name cannot	Lindada *1 imated Liability C	ourrome""! LC" or "LC"
Kentucky	ame adopted for the purpose of transacting business in Fa	origa. The alternate name trust	menue Emmed Emmy C	ompany, E.E.C. or GEC
(Jurisdiction under the law of w	high foreign limited liability company is organized;	3	(FEI number, if a	pplicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) une penalty hability)		_
2601 Old Henderson Road		2601 Old Henderson Road		
(Street Address of I	rincipal Office)	0	(Mading Address)	
				
Owensbor	o KY 42301	Ower	sboro K	42301
	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		NU6 27
Name and street address				
Name and <u>street addres</u> Name:	Registered Agent	ts Inc.		والشو
	Registered Agent 7901 4th St N ST			1 8: 19 1 8: 19
Name:		E 300	133702 arida	95 00

Having been named as registered agent and to accept service of process for the above stated timited itability 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.



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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Eric Thomas Name: _____ X Manager Address: 7901 4th St N STE 300 Member | Address: Member St. Petersburg FL 33702 Authorized Authorized Person Person Other_____ Other ____ Other____ Other_ Manager | Name: Name: Manager Member Address: Member Address: Authorized ☐ Authorized Person Person ___Other_____ Other____ Other____ Other_ Name: Manager Manager Name: Manager Member Address: Member Address: _____ Authorized ☐ Authorized Person Person Other____ Other____ Other____ 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 degree felony as provided for in s.817.155, F.S. Riley Park

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: 253564

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,

AQUATIC RESOURCE CENTER, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 5, 2016 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 27th day of August, 2021, in the 230th year of the Commonwealth.



Michael G. aldam

Michael G. Adams Secretary of State Commonwealth of Kentucky 253564/0969684