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PICK-UP WAIT MAIL			
(Business Entity Name)			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/23/2022	
Name:_	Greg Pintacuda	
Referen	nce #: 1689526	
Entity N	lame: WARD RANCI	H & CATLLE, LLC
_	Articles of Incorporation/Authorization t	o Transact Business
	Amendment	
	Change of Agent	
F	Reinstatement	
	Conversion	
□ N	Merger	
	Dissolution/Withdrawal	
□ F	Fictitious Name	
	Other	
Authoriz	zed Amount: \$125	
Signatu	re:	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/23/2022						
Name:							
Reference a	1689526						
		ANCH & CATLLE, LLC					
✓ Artic	les of Incorporation/Authoria	zation to Transact Business					
Amendment							
Change of Agent							
Rein	statement						
Conv	version						
☐ Merg	er						
☐ Dissolution/Withdrawal							
☐ Fictit	ious Name						
Othe	r						
Authorized /	Amount: \$125						
Signature:	Let III						

ŢO:	Registration Section Division of Corporations			
SUBJ	WARD RANCH & CATTLE, LLC			
	Name o	of Limited Liability Company		
The en	nclosed "Application by Foreign Limited Liability Conce, and check are submitted to register the above ref	ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this matter to t	the following:		
	LAURA HOLOUBEK			
	Name of Person			
	DINSMORE & SHOHL LLP			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	100 WEST MAIN STREET, SUITE 900)		
		Address		
	LEXINGTON, KENTUCKY 40507			
	City/State and Zip Code			
	laura.holoubek@dinsmore.com			
	E-mail address: (to be t	ised for future annual report notification)		
For fu	orther information concerning this matter, please call:			
	LAURA HOLOUBEK	859 425-1000 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		

Enclosed is a check for the following amount:

P.O. Box 6327

Tallahassee, FL 32314

Please make check payable to: FLORIDA DEPARTMENT OF STATE

Certificate of Status Certified Copy

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: WARD RANCH & CATTLE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") WW RANCH & CATTLE, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," or (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) [Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 100 WEST MAIN STREET, SUITE 900 100 WEST MAIN STREET, SUITE 900 (Mailing Address) (Street Address of Principal Office) LEXINGTON, KENTUCKY 40507 LEXINGTON, KENTUCKY 40507 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 NORTH CALHOUON STREET, SUITE 4 Office Address: TALLAHASSEE , Florida 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:
□Manager	Name: WESLEY WARD	□Manager	Name:
■Member	Address: 3101 S. OCEAN DR.	□Member	Address:
□Authorized	UNIT 2808	□Authorized	
Person	HOLLYWOOD, FLORIDA 33019	Person	
□Other	□Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	·	□Authorized	
Person	·-	Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals9. Attached is a cer jurisdiction under the translator mu10. This document	is executed in accordance with section 605.02 iment to the Department of faute constitutes a t	Torida Department of Sta , duly authenticated by thate is in a foreign languag 03 (1) (b), Florida Statute	te Annual Report form. c official having custody of records in the te, a translation of the certificate under oath tes. I am aware that any false information
	WESLEY WARD		

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: 269245

Visit https://web.sos.ky.gov/fts.how/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,

Ward Ranch & Cattle, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 14, 2019 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 22nd day of April, 2022, in the 230th year of the Commonwealth.



Michael G. aldami

Michael G. Adams Secretary of State Commonwealth of Kentucky 269245/1074433