(Re	equestor's Name)			
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S. FRANKLIN JUN 0 7 2022

### **COVER LETTER**

D	ivision of Corporations					
SUBJECT	Frenzy Publishing LLC					
SOLULCI	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.				
Please retu	rn all correspondence concerning this matter t	to the following:				
	Larry Dyson					
	<u>.</u>	Name of Person				
	Frenzy Publishing LLC					
Firm/Company						
	4601 Brindley Way					
	Address					
	Lexington, KY 40515		2022 HAY 27			
	City/State and Zip Code		27			
	larry@frenzypublishing.com		. PH .			
	E-mail address: (to b	e used for future annual report notification)	مد . - ب			
For further	information concerning this matter, please ca	di:	. 5			
L	агту Dyson	859 494-9855 at ( ) .				
_	Name of Contact Person	Area Code Daytime Telephone Number	•			
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Pl	nclosed is a check for the following amount: ease make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & □ \$155.00 Filing Fee & 💆 \$160.00 Filing Fee,				

# 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: Frenzy Publishing LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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.") Kentucky (Jurisdiction under the law of which foreign timited 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) 4101 Tates Creck Centre Drive 5. (Street Address of Principal Office) Suite 150 Lexington, KY 40517 Lexington, KY 40515 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert Kjesling Name: 1375 Gateway Blvd, Ste 44 Office Address: Boynton Beach (City) 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. - Adert Hill

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  □Member  □Authorized  Person  □Other	Name and Address:  Larry Dyson  Address: 4601 Brindley Way  Lexington, KY 40515	Title or Capacity:  □Manager  □Member  □Authorized  Person  □Other	Name:	Name and Address:				
□Manager	Name:	□Manager						
□Member	Address:	□Member		`				
□Authorized	Audress.	□Authorized	Address.	2022				
Person		Person	<del></del>	22 AA				
□Other		□Other		Other 7				
□Manager	Name:	□Manager	Name:					
□Member	Address:	□Member	Address:					
□Authorized		□Authorized						
Person		Person						
□Other	Other	Other	<del></del>	□ 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								

# 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: 268636

Visit https://web.sos.ky.gov/fishow/certvatidate.aspx to authenticate this certificate.

1, 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,

## FRENZY PUBLISHING LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 27, 2009 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 April, 2022, in the 230<sup>th</sup> year of the Commonwealth.

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Michael G. aldam

Michael G. Adams Secretary of State Commonwealth of Kentucky 268636/0724435



May 11, 2022

LARRY DRYSON 4601 BRINDLEY WAY LEXINGTON, KY 40515 US

SUBJECT: FRENZY PUBLISHING LLC

Ref. Number: W22000060665

We have received your document for FRENZY PUBLISHING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

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Letter Number: 122A00010869