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S. ROBERTS
JUN 1 3 2022

COVER LETTER

Di	ivision of Corporations					
SUBJECT	Armory Holdings, LLC					
		ne of Limited Liability Company				
The enclose Existence, a	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid				
Please retui	rn all correspondence concerning this matter	to the following:				
	Matt McGill					
		Name of Person				
	Armory Holdings, LLC					
	Firm/Company					
	537 E. 10th Ave.					
	Address					
	Bowling Green, KY 42101					
	City/State and Zip Code					
	matt@lowdermcgill.com					
	E-mail address: (to b	e used for future annual report notification)				
For further	information concerning this matter, please ca	.ll:				
Matt McGill		270 842-3924 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations				
Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 (manassec, 1 L 32314	Tallahassee, FL 32303				
	closed is a check for the following amount: ease make check payable to: FLORIDA DEI	PARTMENT OF STATE				
	\$125.00 Filing Fee S130.00 Filing Fe Certificate of	re & 🗀 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Armory Holdings, LLC	•				
(Name of Foreign	Limited Liability Company; must include "Limita	ed Liability Company, ^m	"L.L.C.," or "LLC.")		
(It name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alternate name r	nust include "Limited Lia	bility Company," "L.L.C	
Kentucky 2.	thich foreign himited hability company is organized)	3.			
(Jurisdiction under the law of w		3. (Fill number, if applicable)			
N/A 4.		-			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern	registration.) une penalty hability)			
537 E. 10th Ave. 5. (Street Address of Principal Office)	537 E. 10tl	1 Ave.			
(Street Address of Principal Office)		(Mathing	Address)	· - •	
Bowling Green, KY 42	Bowling Green, KY 42101				
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		2022 JUN 13	
Name:	Matt McGill			AH 9: 19	
Office Address:	1235 Western Lake Drive			- G	•
	Santa Rosa Beach	Flo	32459 orida		
	(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.

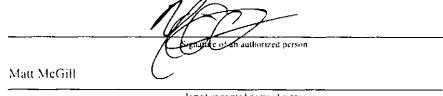
(Registred agent's signature)

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: Matt McGill	□Manager	Name: Brian Lowder
■Member	Address: 537 E. 10th Ave.	■Member	Address: 537 E. 10th Ave.
□Authorized	Bowling Green, KY 42101	□Authorized	Bowling Green, KY 42101
Person		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

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 \$,817,155, F.S.



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: 272077

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,

Armory Holdings, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 23, 2018 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 9th day of June, 2022, in the 231st year of the Commonwealth.



Michael G. Adams Secretary of State

Commonwealth of Kentucky

Michael G. adams

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