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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

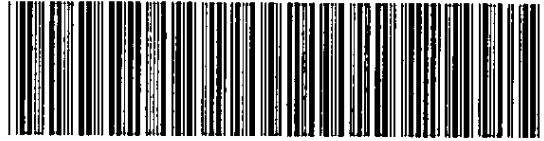
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP -6 PM 4:42
TALLAHASSEE, FLORIDA

T. LEMIEUX

SEP -7 2022

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- Lem

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIO SOLAR, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LISA ARMSTRONG

Name of Person

AIO SOLAR, LLC

Firm/Company

6421 BARDSTOWN RD

Address

LOUISVILLE, KY 40291

City/State and Zip Code

INFO@AIO-SOLAR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ARMSTRONG

502

777-8999

at ()

Name of Contact Person

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2022

LISA ARMSTRONG
6421 BARDSTOWN RD
LOUISVILLE, KY 40291

SUBJECT: AIO & STAR, LLC
Ref. Number: W22000100959

AIO Solar, LLC

We have received your document for ~~AIO & STAR, LLC~~ and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 922A00017396

RECEIVED

SEP 06 2022

This is a copy of
what was originally
sent including of
Certificate of Existence

www.sunbiz.org

my check has been

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Cashed.

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:

1. AIO SOLAR, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

KENTUCKY

2. (Jurisdiction under the law of which foreign limited liability company is organized)

88-2880825

3. (FEI number, if applicable)

8/8/2022

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

6421 BARDSTOWN RD

5. (Street Address of Principal Office)

6421 BARDSTOWN RD

6. (Mailing Address)

LOUISVILLE, KY 40291

LOUISVILLE, KY 40291

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

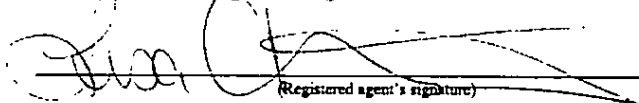
Name: Lisa Armstrong

Office Address: 6900 Daniels Pkwy Suite 29-391

Fort Myers, Florida 33912
(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.


(Registered agent's signature)

FILED
2022 SEP - 6 PM 4:43
H. STAFF
TALLAHASSEE, FLORIDA

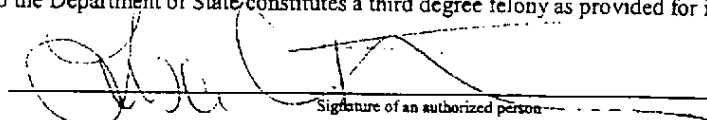
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>LISA ARMSTRONG</u> | <input type="checkbox"/> Manager | Name: <u>JUSTIN ARMSTRONG</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>154 WINDING WOODS TR</u> | <input checked="" type="checkbox"/> Member | Address: <u>276 SCENIC VIEW DR</u> |
| <input type="checkbox"/> Authorized | <u>MT WASHINGTON, KY 40047</u> | <input type="checkbox"/> Authorized | <u>MT WASHINGTON, KY 40047</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>ERIC ARMSTRONG</u> | <input type="checkbox"/> Manager | Name: <u>JOSHUA ARMSTRONG</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>154 WINDING WOODS TR</u> | <input checked="" type="checkbox"/> Member | Address: <u>123 INNSBROOKE CT</u> |
| <input type="checkbox"/> Authorized | <u>MT WASHINGTON, KY 40047</u> | <input type="checkbox"/> Authorized | <u>ELIZABETHTOWN, KY 42701</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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

LISA ARMSTRONG

Typed or printed name of signer

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: 274468

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,

AIO SOLAR, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 16, 2022 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 25th day of July, 2022, in the 231st year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
274468/1215072