M22000014192

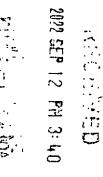
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanical copies
Special Instructions to Filing Officer:

Office Use Only



500394371295





S. ROBERTS
SEP 1 2 2022



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 09/12/22 Order #: 948937-1 Re: Sfr-Ip, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTHORIZATION:/

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SFR-IP, LLC						
Name of Limited Liability Company							
	ed Liability Company for Authorization to Transact Business in Florida," Certificate of er the above referenced foreign limited liability company to transact business in Florida.						
Please return all correspondence concerning	this matter to the following:						
	Karen M. Campbell						
	Name of Person						
	Firm/Company						
	3309 Collins Ln. Address						
	Louisville, KY 40245 City/State and Zip Code						
	ccaggins@bfcompanies.com						
E-mail ad	dress: (to be used for future annual report notification)						
For further information concerning this matt	er, please call:						
Karen M Campt	pell 502 272-2186						
Name of Contact I	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						
☐ \$125.00 Filing Fee ☐ \$130.	g amount: PRIDA DEPARTMENT OF STATE 00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

	name adopted for the purpose of transacting business in Pl	lorida. The a	Itemate name must include "Limit	ed Liability Co	ompany," "L	.L.C," or "1
DELAWARE		3.	N/A			
(Jurisdiction under the law of	which foreign limited liability company is organized)	J.	(FEI	number, if applicable)		
October 1, 2022						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.	ability)			
3309 Collins Ln.			3309 Collins Ln.			
eet Address of Principal Office)		6	(Mailing Address)			
Louisville, KY		l	ouisville, KY		9 2	
40245			10245		DZ SEP	- 1
Name and street address Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT ac	cceptable)	: : : : : : : : : : : : : : : : : : :	12 PH 1:59	- 12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
Office Address:	1201 Hays Street			•		
	Tallahassee		32301 , Florida			
	(City)		(Zip code	:)		

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: Name: Karen M. Campbell Name: □Manager □Manager 3309 Collins Ln. □ Member Address: □Member Address: Louisville, KY 40245 Authorized ☐ Authorized General Counsel Person Person Other Other_____ Other__ □Other _____ □Manager □Manager Name: Name: _____ □Member Address: _____ □Member Address: ☐ Authorized Authorized Person Person □Other____ □Other Other____Other___ Name: _____ □ 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.

Karen M. Campbell

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SFR - IP, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFR - IP, LLC"

WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204160795

Date: 08-15-22