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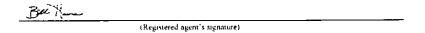
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Kadon Properties, LLC					
	ame of Limited Liability Company				
	ity Company for Authorization to Transact Business in Florida," Certificative referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matte	er to the following:				
Kasey McCarty					
	Name of Person				
Kadon Properties, LLC					
Firm/Company					
4361 Rivard Lane					
	Address				
Lexington, KY 405	509				
	City/State and Zip Code				
kasey@soldbykase	ey.com				
E-mail address: (to	o be used for future annual report notification)				
For further information concerning this matter, please	call:				
Kasey McCarty	at (859 Area Code Daytime Telephone Number				
Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303				
Enclosed is a check for the following amoun Please make check payable to: FLORIDA D S125.00 Filing Fee Certifica					

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. Kadon Properties, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Kadon Properties of Florida, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lamited Liability Company," "L. L. C," or "L.I. C," _{3.} 92-0312319 tion under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) _{6.} 4361 Rivard Lane 4361 Rivard Lane (Mailing Address) Lexington, KY 40509 Lexington, KY 40509 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg (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.



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:
XManager	Name: Kassy E McCalty	□Manager	Name:	
□Member	Address: 4367 Rivardin	□Member	Address:	
□Amhorized	laxington, ky	□Authorized		
Person	40509	Person		
□Other	Other	□Other		Other
	,			
□Manager	Name: Basey & McCalty	□Munager	Name:	
Member	Address: 4361 fivald in	□Member	Address:	
□Authorized	lexington, ky 40509	□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. 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

You Sey Em. Colon

Typed or printed name of some



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: 277566

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,

Kadon Properties, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 15, 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 15th day of September, 2022, in the 231st year of the Commonwealth.



Michael G. adams

Michael G. Adams Secretary of State Commonwealth of Kentucky 277566/1231683