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TO:	Registration Section Division of Corporations					
(*********	TRIPLE K COMMUN	ICATIONS, LLC				
SUBJI	ECT:	Name of Limited Liability Company				
The en	nclosed "Application by Forci nce, and check are submitted	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of o register the above referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence con	cerning this matter to the following:				
	MICHAEL D. CI	IEEK, CPA				
	<del></del>	Name of Person				
	COOK & CHEEF	CPAS, PLLC				
	<del></del>	Firm/Company				
	302 FALLS STR	EET				
Address						
	LONDON, KY 4	D741				
		City/State and Zip Code				
	mike@cookandche	ekepas.com				
		E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning	this matter, please call:				
	MICHAEL D. CHEEK, C	PA 606 877-2654				
	Name of	Contact Person Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				
	Enclosed is a check for the Please make check payabl S125.00 Filing Fee	following amount: e to: FLORIDA DEPARTMENT OF STATE  S130.00 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 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

1. TRIPLE K COMMUN					
(Name of Foreign	Limited Li	rapility Company: must include "Limited Liability Con	ipany," "L.IC.," or "LLC.")		-
TRIPLE K COMMUNIC					
(It name unavailable, enter alternate	name adopte	d for the purpose of transacting business in Florida. The alterna	ate name must include "Limited Liabili	ty Company," "L.L.C," or "I	LLC.")
KENTUCKY					
2. (Jurisdiction under the law of w	hich foreign	5	(FEI number, ii	applicable)	-
12/13/2022					
4.	(Date (See s	first transacted business in Florida, if prior to registration.) ections 605-0904 & 605-0905, F.S. to determine penalty liabili	ty)	<del></del>	
302 FALLS STREET 5.		385	5 HURRICANE RD		
(Street Address of Principal Office)			(Mailing Address)	,	-
LONDON, KY 40741		HU	NTSVILLE, TN 37756		
					-
7. Name and street addre	ss of Flo	nda registered agent: (P.O. Box <u>NOT</u> accep	ptable)	2022 DEC	
Name:	KEVE	R. GRAY		19	
Office Address:	2677 C	LD BAINBRIDGE RD, APT 1113	_	- PH - သ	
	TALL.	AHASSEE	32303 , Florida	59	
		(City)	(Zip code)	<del>_</del>	
designated in this applicate to comply with the provis	egistered ation, I h ions of a s of my p	agent and to accept service of process for tereby accept the appointment as registered it statutes relative to the proper and completion as registered agent.	agent and agree to act in to	his capacity. I furth	her agree

8. For initial index manage (up to six (		names, title or capacity and add	resses of the primary n	nembers/manag	gers or persons authorized to
Title or Capacity:	•	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: KEVIN	R. GRAY	□Manager	Name:	
■Member	3855 Address:	HURRICANE RD	□Member	Address:	
□Authorized	HUNTSVILLI	. TN 37756	□Authorized		
	<u> </u>		Person		
Person			□Other	<u> </u>	□Other
□Other		Other	Oomer		
□Manager	Name:		□Manager	Name:	
			□Member		
□Member				Address.	
□Authorized			□Authorized		·
Person			Person	<del></del>	<del></del>
□Other		]Other	□Other		□ Other
□ Manager			□Manager □Member		
	/ Iddi 033		□Authorized		
□Authorized					
Person			Person		
□Other		Other	□Other		□Other
9. Attached is a cert jurisdiction under the of the translator mu 10. This document	may be added to ifficate of exister the law of which st be submitted) is executed in account to the Department to the Department.	cordance with section 605,0203 ( rtment of State constitutes a third in P. Hay-	Ida Department of State ly authenticated by the s in a foreign language l) (b), Florida Statutes I degree felony as provi	e Annual Repo- official having , a translation of . I am aware the ded for in s.81	rt form.  3 custody of records in the of the certificate under oath at any false information  7.155, F.S.
	KEVIN	R. GRAY			

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-D718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number:

282543

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,

### TRIPLE K COMMUNICATIONS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 13, 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 13<sup>th</sup> day of December, 2022, in the 231<sup>st</sup> year of the Commonwealth.



Michael G. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 282543/1247055