

M23000002383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

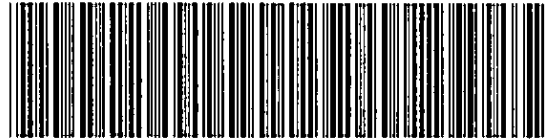
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000002383

Office Use Only



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12/27/22--01014--006 \*\*70.00

02/23/23--01008--010 \*\*55.00

APPROVED  
AND  
FILED  
2023 FEB 21 PM 1:02

FEB 23 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2023

HANNAH EAGLE  
PO BOX 54229  
LEXINGTON, KY 40555

SUBJECT: NURSING CE CENTRAL LLC  
Ref. Number: W23000006639

We have received your document for NURSING CE CENTRAL LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$55.00.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 723A00001513

RECEIVED  
FEB 21 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nursing CE Central 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:

Bethany Lawrence  
Name of Person

Nursing CE Central  
Firm/Company

PO Box 54229  
Address

Lexington, KY 40555  
City/State and Zip Code

bethany@nursingcecentral.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Lawrence at ( 859 ) 445-7778  
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

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. Nursing CE Central LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. \_\_\_\_\_  
(FBI number, if applicable)

4. 10/31/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 401 W main st Suite 312  
(Street Address of Principal Office)

6. PO Box 54229  
(Mailing Address)

Lexington, KY  
40507

Lexington, KY  
40555

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

Name: Jacqueline Kunst

Office Address: 274 S W Essex Drive

Port St. Lucie, Florida 34984  
(City) (Zip code)

2023 FEB 21 PM 1:02

NOTED  
AND  
FILED

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.

Jacqueline Kunst  
(Registered agent's signature)

<p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized</p> <p>Person</p> <p><input checked="" type="checkbox"/> Other <u>Owner, CEO</u></p>	<p><b><u>Name and Address:</u></b></p> <p>Name: <u>Shane Stone</u></p> <p>Address: <u>PO Box 54229</u></p> <p><u>Lexington, KY</u></p> <p><u>40555</u></p> <p><input type="checkbox"/> Other _____</p>
--	--

☒ Manager      Name: Hannah Eagle

☐ Member      Address: PO Box 54229

☐ Authorized      Lexington, KY

Person      40555

☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other      ☐ Other \_\_\_\_\_

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other      \_\_\_\_\_      ☐ Other      \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other      ☐ Other \_\_\_\_\_

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)

Shane Lowe  
Signature of an authorized person

Shane Stone, President, Owner, CEO  
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: 281977

Visit <https://web.sos.ky.gov/its/show/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,

**Nursing CE Central LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 6, 2019 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 2<sup>nd</sup> day of December, 2022, in the 231<sup>st</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
281977/1047542