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COVER LETTER

	Beechers Beach Bungalow LLC			
SUBJECT:				_
	Nam	e of Limited Liability C	ompany	
The enclosed Existence, a	d "Application by Foreign Limited Liability (and check are submitted to register the above r	Company for Authoriza referenced foreign limite	tion to Transact Business in Florid d liability company to transact bus	la," Certificate o siness in Florida.
Please return	all correspondence concerning this matter to	the following:		
	T Rence Buster			
		Name of Person		
	Borders & Borders PLC		(4	20
		Firm/Company	東京	73 FE
	920 dupont road first floor		i-m Tra-	FEB T
		Address		;
	louisville, ky 40207		. 338E.	- R : U
	C	City/State and Zip Code		_ 0_
	rbuster@bordersandborders.com		• • •	
	E-mail address: (to be	used for future annual i	report notification)	
For further i	nformation concerning this matter, please cal	11:		
1 гс	mee buster	502	894-9200	
	Name of Contact Person	at (at Code	Daytime Telephone Number	<u></u>
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro Tallahassee, Fl	be Street, Suite 810 1. 32303	
	closed is a check for the following amount: ase make check payable to: FLORIDA DEP	A DTAIRNT AR STAT	r.	
	\$125.00 Filing Fee S130.00 Filing Fe Certificate (e & 🔲 \$155.00 Fill	ing Fee & 💢 \$160.00 Filing Fe	ee, Certificate Certified Copy

AFTER RECORDING RETURN'S BORDERS & BORDERS, ATTORNEY:
920 DUPONT ROAD LOUISVILLE, KY 40207

TO:

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. COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

	name adopted for the purpose of transacting husiness in f	llorida. The alternate name must include "Limutei	d Liability Company, "L.I.C. of "LCC
kentucky		3.	
(Jurisdiction under the law of w	luch foreign limited hability company is organized)	(FEL)	number, if applicable)
	(Date first transacted business in Florida, if prior te		/ 2
	(Date first transacted business in Florida, if prior to (See sections 005 090) & 605 0905, U.S. to determ	o registration) nune penalty hability)	150 150
5314 river creek court		5314 river creek court	
er Address of Principal Office)		6. (Mailing Address)	
prospect KY 40059		prospect ky 40059	AC P
			, , , , , , , , , , , , , , , , , , ,
			TS w
			7 ***
Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box margaret beecher reed	N <u>OT</u> acceptable)	TS w
		NOT acceptable)	TS w
Name:	2410 scenic gulf drive unit 203c	32550	3: 0
Name:	2410 scenic gulf drive unit 203c		3: 0

(Registered agent's signature)

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:
☐ Manager	Name: margaret beecher reed	_m Manager	Name: chris mecarty
■ Member	5314 river creek et Address:	_ Member	5314 river creek ct Address:
Authorized	prospect ky 40059	⊒ Authorized	prospect ky 40059
Person		Person	
C Other	□Other	□Other	2023 E0ther EB
Manager	Name:	□Manager	Name:
☐ Member	Address:	□Member	Address: 3
□ Authorized		□Authorized	OI 10
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.

Chris McCarty	- Chu McCarty Feb 3, 2023 23 50 EST)
	Signature of an authorized person
margaret beecher reed	Margaret Beecher Reed
	Lyped 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 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 286021

Visit https://web.sos.ky.gov/fishow/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,

BEECHERS BEACH BUNGALOW LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 4, 2023 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 14th day of February, 2023, in the 231st year of the Commonwealth.



Michael G. Adams Secretary of State

Commonwealth of Kentucky

Michael G. Oldam

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