

M23000009711

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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2023 JUL -6 PM 11:43  
CITY OF NEW YORK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2023

JACK E PILCHER AND JILL M KARSNER  
270 SCHOOL HOUSE ROAD  
FRANKFORT, KY 40601 US

SUBJECT: PILCHER-KARSNER LLC  
Ref. Number: W23000098027

We have received your document for PILCHER-KARSNER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 423A00015903

*Rec'd  
July 18, 2023*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pilcher-Karsner 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:

Jack E Pilcher and Jill M Karsner

\_\_\_\_\_  
Name of Person

Pilcher-Karsner LLC

\_\_\_\_\_  
Firm/Company

270 School House Road

\_\_\_\_\_  
Address

Frankfort , Kentucky , 40601

\_\_\_\_\_  
City/State and Zip Code

Tradewindsonthebeach@Gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack E Pilcher

502

229-4862

\_\_\_\_\_  
Name of Contact Person

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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. Pilcher-Karsner LLC

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

Pilcher-Karsner 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. 93-2020512

(FEI number, if applicable)

4. June 22, 2023

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability)

5. 270 School House Road

(Street Address of Principal Office)

Frankfort Kentucky 40601

6. 270 School House Road

(Mailing Address)

Frankfort Kentucky 40601

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

Name: Richard S. McNeese

Office Address: 36468 Emerald Parkway Suite 1201

Destin

(City)

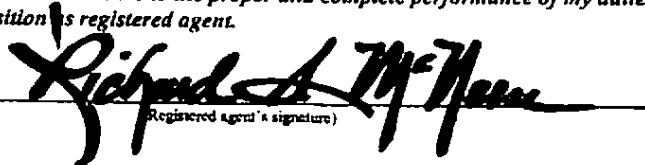
, Florida

32541

(Zip code)

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.

  
(Registered agent's signature)

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TALLAHASSEE, FL

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:  
☒ Manager                      Name: Jack E Pilcher  
☐ Member                      Address: 270 School House Road  
☐ Authorized                      Frankfort, Kentucky 40601  
Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

Title or Capacity:                      Name and Address:  
☒ Manager                      Name: Jill M Karsner  
☐ Member                      Address: 270 School House Road  
☐ Authorized                      Frankfort, Kentucky 40601  
Person  
☐ Other                      ☐ Other

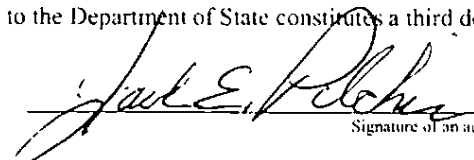
☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ 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  
Jack E Pilcher  
\_\_\_\_\_  
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: 294602

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,

**PILCHER-KARSNER LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 22, 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 24<sup>th</sup> day of July, 2023, in the 232<sup>nd</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
294602/12S9980