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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

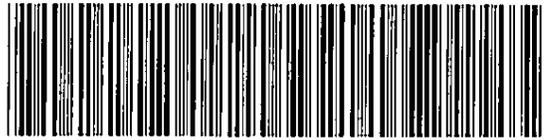
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 JUN 25 PM 5:22

DRAMA INVESTMENTS, LLC

*1999 Richmond Road, Suite 300
Lexington, Kentucky 40502
Phone: 859.335.8361 X 101; Fax: 859.335.0110*

June 24, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Via UPS Next Day Air

Re: Application by Foreign Limited Liability Company to transact business in Florida
DRAMA Investments, LLC or DRAMA Investments FL, LLC

Dear Sir or Madam:

Enclosed please find the completed Application referenced above, together with the required Certificate of Existence from the Commonwealth of Kentucky as well as a check in the amount of \$125 to cover the costs of filing of the Application.

If you have any questions or need additional information, please do not hesitate to contact me by mail at the office shown above, by phone at 859-509-6399 or by email at kboens@team-map.com.

Thank you for your attention to this matter.

Very truly yours,

DRAMA INVESTMENTS, LLC

BY: 
KAREN M. BOENS
AUTHORIZED PERSON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRAMA Investments, 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:

Karen M. Boens

Name of Person

DRAMA Investments, LLC

Firm/Company

1999 Richmond Road, Suite 300

Address

Lexington, KY 40502

City/State and Zip Code

kboens@team-map.com

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

For further information concerning this matter, please call:

Karen M. Boens	859	509-6399
_____	at (_____)	_____
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. DRAMA Investments, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

DRAMA Investments FL, 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 3. 99-3140413
(Jurisdiction under the law of which foreign limited liability company is organized) (FLI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1999 Richmond Road 6. Same
(Street Address of Principal Office) (Mailing Address)

Suite 100

Lexington, KY 40502

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

Name: James J. Urban

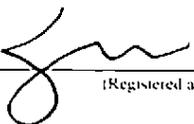
Office Address: 1232 W US Highway 90

Lake City 32055
(City) Florida (Zip code)

2014 JUN 25 PM 5: 22

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)

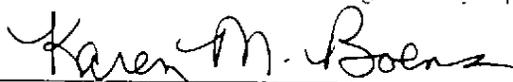
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>M. Riley Kim</u>	<input type="checkbox"/> Manager	Name: <u>Dillon B. Avare</u>
<input type="checkbox"/> Member	Address: <u>1999 Richmond Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1999 Richmond Road</u>
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	<u>Suite 100</u>
Person	<u>Lexington, KY 40502</u>	Person	<u>Lexington, KY 40502</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Matthew G. Agosto</u>	<input type="checkbox"/> Manager	Name: <u>Karen M. Boens</u>
<input checked="" type="checkbox"/> Member	Address: <u>1999 Richmond Road</u>	<input type="checkbox"/> Member	Address: <u>1999 Richmond Road</u>
<input type="checkbox"/> Authorized	<u>Suite 100</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 300</u>
Person	<u>Lexington, KY 40502</u>	Person	<u>Lexington, KY 40502</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Karen M. Boens

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 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 313761

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,

DRAMA Investments, LLC

DRAMA Investments, LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is May 21, 2024 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 21st day of June, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
313761/1366410