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Registration Section

Division of Corporations

TO:

	·				•	
SUBJECT:	Wright Choice Properties, LLC					
SUBJECT			nited Liability (Company		
	d "Application by Foreign Limit and check are submitted to registe					
Please return	all correspondence concerning	this matter to the fol	lowing:			
	Jennifer L. Wright					
		Nam	e of Person			
	Wright Choice Properties,	LLC				
Firm/Company						
	1828 South Griffith Aven	ae				
		ام	Address			
	Owensboro, Kentucky 42.	301				
		City/State	and Zip Code			
	wrightchoiceproperties 14@	_				
	E-mail a	ddress: (to be used fo	or future annual	report notifica	tion)	
For further in	nformation concerning this matter	er, please call:				
Jeni	nifer L. Wright	í	270 at (543-2687		
	Name of Contact I		Area Code	Daytime	Telephone Number	
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations lection ng le Center Circle	
_	check for the following amoun		.		–	
Ц	\$125.00 Filing Fee	30.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160,00 Filing I of Status & Cert	

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:

Wright Choice Proper	rties , LLC gn Limited Liability Company; must include	n		
		e "Limited Liabilit	y Company," "L.L.C.," or "LLC.")	
Wright Choice Propertie	as FL, LUC			
If name unavailable, enter alternate	e name adopted for the purpose of transacting busin	ness in Florida. The a	ternate name must include "Limited Liability Compan	y," "L.L.C," or "LLC."}
Kentucky		_	47-2049624	
2. (Jurisdiction under the law of	which foreign limited liability company is organize	<u>. خ</u>	(FEI number, if applicab	ole)
NUA				
N/A 4				
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.	if prior to registration to determine penalty	.) liability)	
2225 Frederica Stree	t	,	1828 South Griffith Avenue	
Street Address of	of Principal Office)	6.	(Mailing Address)	
Owensboro, Kentuck	y 42301		Owensboro, Kentucky 42301	
	-			
	 			
7. Name and street addr	ress of Florida registered agent: (P.	O. Box. NOT :	iccentable)	
oncerada.			•	أليمه
	La class Weigh	1067	ocean Moperty Who Lantic Ave.	MUCICLEIYLLAUT
Name:	Jenniter L. Milegii	.1 C/0, C	occurrence of the	1
	25M Cal	th At	landic Alp.	
Office Address:	: <u>0000 su</u>	ול וויוי.		
	New Smyrna Beach		22170	
	(City)		32169 Florida (Zip code)	
Registered agent's acco	eptance:			
Having been named as	registered agent and to accept serv		for the above stated limited liability o	
designated in this applic to comply with the provi	cation. Thereby accept the appoint isions of all statutes relative to the	ment as regist proper and co	ered agent and agree to act in this cu mplete performance of my duties, an	pacity. I further agre d I am familiar with
	ons of my position as registered age			
•		$\sum_{i} C_{ij}$	211-4	
	(Register	ed agent's signature)		۔ ئے
4		- -		·
(. <i>)</i>			

Fitle or Capacity:	address of the person(s) who has/have authority to manage is/are: Name and Address:				
Mg/ Owner/Member	Jennifer L. Wright				
	1828 South Griffith Avenue				
	Owensboro, Kentucky 42301				
Mgr Owner /Member	Robert H. Wright				
	1828 South Griffith Avenue				
	Owensboro, Kentucky 42301				
Property Manager	Margy Roc, Carole Swan				
	Ocean Properties Managment				
	3500 South Atlantic Avenue, New Smyrna Beach, FL 32169				
	<u> </u>				

(Use attachments if necessary)

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 withird degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

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: 313816

ienucation number. 313616

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,

Wright Choice Properties, LLC

Wright Choice Properties, LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 9, 2014 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 24th day of June, 2024, in the 233rd year of the Commonwealth



Michael G. Adams Secretary of State Commonwealth of Kentucky

Michael G. aldam

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