

8/27/24, 11:34 AM

Division of Corporations

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Florida Department of State

Division of Corporations

Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

Foreign Limited Liability Company

G. LOGUE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G. LOGUE 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:

Courtney Wehrman

Name of Person

InCorp Services, Inc.

Firm Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City, State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Courtney Wehrman on behalf of InCorp Services, Inc. 800-246-2677

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 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. G. LOGUE LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Kentucky

(Jurisdiction under the laws of which Foreign limited liability company is organized)

3. _____

(Filing number of application)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., for determination of liability)

5. 2055 Wadesboro Rd S

(Street Address of Foreign Office)

6. 2055 Wadesboro Rd S

(Mailing Address)

Benton, KY 42025

Benton, KY 42025

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

Name

InCorp Services, Inc.

Office Address

3458 Lakeshore Drive

Tallahassee

City

Florida

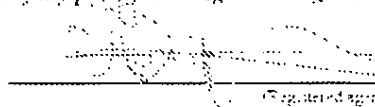
32312

Zip Code

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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.



Louise Greytenbach on behalf of InCorp Services, Inc.

(Registered agent 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>
☒ Manager	Name, <u>Garrett Logue</u>	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized Person	<u>2055 Wadesboro Rd S</u> <u>Benton, KY 42025</u>	☐ Authorized Person	_____ _____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized Person	_____ _____	☐ Authorized Person	_____ _____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized Person	_____ _____	☐ Authorized 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 605.0205 (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 917.155, F.S.



Signature of an authorized person

Garrett Logue

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 318174

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

G. LOGUE LLC

G. LOGUE LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 1, 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 27th day of August, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
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