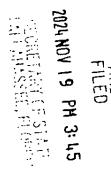
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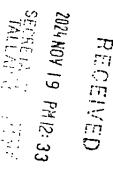
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DEC 1 0 2024 K. Brumbley



December 9, 2024

COGENCYGLOBAL

SUBJECT: DEAN DORTON ALLEN FORD, PLLC

Ref. Number: W24000154965

We have received your document for DEAN DORTON ALLEN FORD, PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The PLLC cannot be dropped from the business name as we have to register exactly how it is listed in the home state but we cannot accept PLLC so simply just add the LLC after the PLLC in line one. It should read DEAN DORTON ALLEN FORD, PLLC LLC

Please return your document, along with a copy of this letter, within 60 days or upour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 724A00026599





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/10/2024	_		
Name:	Cheyanne Da	vis		
Reference #	·			
Entity Name	DEAN	DORTON A	LLEN FORD, PLLC	
✓ Article	es of Incorporation/A	uthorization to	Transact Business	
Amer	ndment			
Chan	ge of Agent			
☐ Reins	tatement			
Conv	ersion			
☐ Merg	er			
Disso	lution/Withdrawal			
Fictiti	ous Name			
Other			·	
Authorized A	Amount:\$	125.00		
Signature: _	Ohyma Paine			

F: 800.944.6607

COVER LETTER

TO:	Registration S Division of Co							
SUBJI	ect.		Dean Dorton All	en Ford, Pl	LLC			
3000			Name of Limi	ted Liability C	ompany			
						Business in Florida," Certificate of pany to transact business in Florida.		
Please	return all corresp	ondence con	cerning this matter to the follo	wing:				
			Meliss	a Lloyd				
			Name	of Person				
			Dean	Dorton				
			Firm/C	Сотрапу				
250 W Main St. Ste 1400								
Address								
Lexington, KY 40507								
City/State and Zip Code								
			mlloyd@dea					
r (a ' e		E-mail address: (to be used for	ruture annual i	report notificat	ion)		
For fur	ther information (concerning t	his matter, please call:					
				859)	06-7250		
		Name of (Contact Person	Area Code	Daytime	Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
			following amount: to: FLORIDA DEPARTME	NT OF STAT	E			
	□ \$ 125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 I Certifie	Filing Fee & d 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: Dean Dorton Allen Ford, PLLC LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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 "L.L.C," or "L.L.C," 27-3858252 Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 250 W Main St. Ste 1400 4500 Salisbury Rd, Ste 430 (Street Address of Principal Office) (Mailing Address) Jacksonville, FL 32216 Lexington, KY 40507 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: 32301 Tallahassee , Florida (City) 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.

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: Tena R Adams David C Bundy Name: __ **⊠**Manager Name: Address: 250 W Main St. Ste 140 250 W Main St. Ste 1400 Member Member Address: Lexington, KY 40507 Lexington, KY 40507 Authorized Authorized Person Person Other Other_ Other Other David A Smith Jason D Miller Name: X Manager Name: ___ Address: 250 W Main St. Ste 14Ω 250 W Main St. Ste 1400 Member Member Address: _ Lexington, KY 40507 Lexington, KY 40507 Authorized Authorized Person Person Other____ Other Other_ Other Manager Manager Name: Name: _____ Member 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. Nonindexed 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

Tena R Adams
Typed or printed name of signed

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: 323082

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,

DEAN DORTON ALLEN FORD, PLLC

DEAN DORTON ALLEN FORD, PLLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 7, 2010 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 18th day of November, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams Secretary of State Commonwealth of Kentucky 323082/0770693

Michael G. aldam