12/20/24 9:52 AM

Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

 United@platinumrentals.net Email Address:__

Foreign Limited Liability Company Platinum United LLC

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Help

From: Davien Platt

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605.0902, FLORIDA STATUTES, THE FO ISINESS IN THE STATE OF FLORIDA:	LLOWIN	G IS SUBMITTED	TO REGISTER A POREIGN	i DMNED DABILE		
$\mathcal{P}_{\mathcal{L}}$	LATINUM UNITED		LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company," "L.L.C.,	or "LLC.")			
(If name unavailable, enter alternate a	name edopted for the purpose of intersacting basiness in Flor	rida. The al	ternate name must incl	ede "Limited Liability Company."	"L.L.C." or "LLC.")		
2 KENTUC	high foreign limited liability contpany is organized)	3.	92-3	055020			
(Jurisdiction under the law of w	high foreign limited liability company is organized)			(FEI number, if applicable)			
12-1-2	2024						
4	[Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gidralica.					
							
5 8100 US	HIGHWAY 6Z	6	8100 US Hig	ghway 62			
_							
CUNNING	HAM, KY 42035		Cunningha	m, KY 42035			
		_					
		NOT					
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT BO	cceptable)				
	C T Corporation System						
Name:	C i Corporation System						
	1200 South Pine Island Road						
Office Address:							
	Plantation		T*1 1 =	33324			
(City)			, Florida _	Florida(Zip code)			
Registered agent's accep	tanse:						
wellsered akent a arreh	tarren.						

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.

By:

(Registered agent's signature)

Lisa D. DuBois, Assist. Sec.

From: Daylen Platt

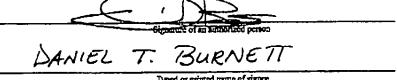
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: DANIEL T. BURNETT	□Manager	Name:	
Member	Address: 8150 U.S	□Member	Address:	
Authorized	HIGHWAY 62	Authorized		
Person	CUNNINGHAM, KY 42035	Person		
Other		□Other		Other
☐ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	☐ Member	Address:	
□Authorized		□Authorized		
Person		Person		
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.



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: 324878

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,

PLATINUM UNITED LLC

PLATINUM UNITED LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 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 18th day of December, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams Secretary of State Commonwealth of Kentucky 324878/1269360

Michael G. aldam