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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/19/2015 7:43 AM Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business En			FBE	
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	nd KRS 271B, 273, 274,275, 362 and for that purpose, submits the followin	d 386 the undersigned hereby ap ng statements:	plies for authority to	transact business in Kentucky	
business t	rust (KRS 386).	corporation (KRS 273).		ce corporation (KRS 274). d liability company (KRS 275).	
	uard, LLC ist be identical to the name on record wi	th the Secretary of State.)			
3. The name of the entity to be used in I	Kentucky is (if applicable):		·		
(Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Florida					
5. The date of organization is $07/25/2$		and the period of duration is			
<ol> <li>The mailing address of the entity's pri</li> </ol>			(If left blank, is consi	the period of duration dered perpetual.)	
5780 Stone Creek Way	•	Southwest Ranches	FL	33330	
Street Address		City	State	Zip Code	
7. The street address of the entity's regi 212 N. 2nd Street, STI	-	Richmond	KY	40475	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
and the name of the registered agent at	that office is NORTHWE	ST REGISTERED AGEN	T LLC		
8. The names and business addresses	of the entity's representatives (secreta	ary, officers and directors, manag	ers, trustees or gen	eral partners):	
Jonathan Krutchik	5780 Stone Creek Way	Southwest Ranches	FL	33330	
	Street or P.O. Box	City	State	Zip Code	
Steven Jensen	5780 Stone Creek Way	Southwest Ranches		33330	
Phillip Muskat	Street or P.O. Box 5780 Stone Creek Way	city Southwest Ranches	State	Zip Code 33330	
· · · · · · · · · · · · · · · · · · ·	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.					
10. I certify that, as of the date of filing th				formation.	
11. If a limited partnership, it elects to	be a limited liability limited partnersl	hip. Check the box if applicable	le:		
12. This application will be effective upor The effective date or the delayed effective	n filing, unless a delayed effective date re date cannot be prior to the date the	e and/or time is provided. application is filed. The date and		offestive data and/or time)	
In Knowle hut	Jona	athan Krutchik, Membe		effective date and/or time)	
Signature of Authorized Representative		Printed Name & Title		Date	
Northwest Registered	Agent LLC	sent to serve as the registered a	gent on behalf of the	e business entity.	
Type/Print Name of Registered Agent					
Jo-Cl	Tom Glov		iger	08/18/15	
Signature of Registered Agent (01/12)	Printed Name	Title		Date	

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