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Alison Lundergan Grimes
Kentucky Secretary of State
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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 Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a :
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation (KRS 271B) | <input type="checkbox"/> nonprofit corporation (KRS 273) | <input type="checkbox"/> professional service corporation (KRS 274) |
| <input type="checkbox"/> business trust (KRS 386) | <input checked="" type="checkbox"/> limited liability company (KRS 275) | <input type="checkbox"/> professional limited liability company (KRS 275) |
| <input type="checkbox"/> limited partnership (KRS 362) | <input type="checkbox"/> ltd cooperative assn. (KRS) | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> non-profit llc (KRS 275) | <input type="checkbox"/> cooperative assn. (KRS) | |

2. The name of the entity is Double C Double M of Florida LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in 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 November 8, 2006 and the period of duration is _____
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is

<u>2313 SW 57 Terrace</u>	<u>West Park</u>	<u>FL</u>	<u>33023</u>
Street Address	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is

<u>430A Rosebower Church Road</u>	<u>Paducah</u>	<u>KY</u>	<u>42003</u>
Street Address (No P.O. Box Numbers)	City	State	Zip Code

and the name of the registered agent at that office is Robert R. Snow

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Dominick Marzano	2313 SW 57 Terrace	West Park	FL	33023
Irma Caparelli	2313 SW 57 Terrace	West Park	FL	33023

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 this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates:
County: Lewis County

To complete the following, please shade the box completely.

Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input checked="" type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input checked="" type="checkbox"/> Other			

Signature of Authorized Representative: [Signature] Printed Name & Title: Dominick Marzano, Manager Date: 5/29/2018

I, Robert R. Snow, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent: Robert R. Snow Printed Name Title Date: 06/29/2018