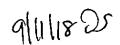
(Requestor's Name)					
(Address)	_				
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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### **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	Name of corpo	lgers (	:ommercial	, Inc.	
	Name of corpo	ration - mu	st include suffix		
Dear Sir or Madam:					
"Certificate of Existenc	ion by Foreign Corporation  e," or "Certificate of Goo  n corporation to transact	d Standing	and check are sub		19
Please return all corresp	ondence concerning this	matter to th	e following:		
Brent And	<del>-</del>		_		
Dicit. MA		ne of Perso	in		
A 1. O					
HNOUSONZ	Rodgers Com	mercia	1, TVC		
	Firm	1/Company			
170 Prosper	ous Place				-;
		Address			
Lexington, 1	44 40509				
J	City/S	tate and Zi	<b>-</b>	,	
brent@a	E-mail address: (to be	arcs.c	om		
	E-mail address: (to be	used for fu	ture annual report i	notification)	
ror further information	concerning this matter, p	rease cair:			
a			CAA 085	7	
13.	301 at (95	<del></del>	509-085		
Name of Perso	n Are	a Code	Daytime Telep	none Number	
etheet/col	IDIED ADDRESS.		MAILING A	DDDECC.	
Registration Sc	IRIER ADDRESS:		Registration S		
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 3231-					
Tallahassee, FL	. 32301				
Enclosed is a check for	the following amount:				
☐ \$70.00 Filing Fee	\$78.75 Filing Fee &	☐ \$78	3.75 Filing Fee &	☐ \$87.50 Filing Fee	e.
	Certificate of Status	Cer	tified Copy	Certificate of Sta	

Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Anderson &	Rodgers Comme	rcial, Inc.	
(Enter name of corporation; n		," "COMPANY," "CORPORATION,"	
me., co., corp, me,	Co, or Corp. )		
188 (-	nmercial, Inc.		
(If name unavailable in Floric	la, enter alternate corporate name	e adopted for the purpose of transacting bu	siness in Florida)
	•		
2. Kentucky (State or country under the 1	aw of which it is incorporated)	. <u>47 - 34\8853</u> (FEI number, if applica	
_ 1 1			
4. 3 16 2015	5	. (Date of duration, if other than	nernetual)
(Date of meorpois	idon)	(Date of datation, it office diam	perpettar)
6	(Data first transactad husinasa	in Florida, if prior to registration)	<del></del>
(SE	· ·	1502, F.S., to determine penalty liability)	
170 Passas	ous Place /	exincten KY40509	
1. 10 Fiosper	(Princ	exington, KY 40509	
	(Current mail	ling address, if different)	
8. Name and street address o	f Florida registered agent: (P.	O. Box NOT acceptable)	
Name: Ted	dy Rodgers		•
Name: [EO	xy rougers	<del></del>	
Office Address: 348	8 Dandolo Cir		•
	Coral (City)	(Zip code)	
9. Registered agent's accep Having been named as regis		vice of process for the above stated co	ornoration at the place
designated in this application	n, I hereby accept the appoin	tment as registered agent and agree t	o act in this capacity.
		relative to the proper and complete p	erformance of my
aunes, ana 1 am jaminar wil	n unu uccept the obligations	of my position as registered agent.	
Jad	by Rolen		
	h Polyn (Registered	I agent's signature)	-

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: Vice Chairman: Address: Director: Director: **B. OFFICERS** President: Bruce McGaughey Address: 1220 Hawthorne Lane Lawrenchurs, KY 40342 Vice President: Teddy Rodgars Address: 3488 Dandolo Cir Cape Coral, Florida 33909 Secretary: Brent Anderson Address: 405 Lantana Park Lexington, KY 40515 Treasurer: Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Brent Anderson Secretary/owner (Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:

# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Existence**

Authentication number: 206383

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### ANDERSON & RODGERS COMMERCIAL, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 16, 2015 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 29<sup>th</sup> day of August, 2018, in the 227<sup>th</sup> year of the Commonwealth



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

206383/0916685