

To: Qualification/Tax Lien Section Division of Corporations			
SUBJECT: West Ky Machine (Name of corporation	Shop, Inc.		
(Name of corporation	n - must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.			
Please return all correspondence concerning this matter	to the following:		
1 min 1 Palitica FB 9			
1 Michael Radeliffe (Name of Person)			
	ARN I		
Mest Ky Machine Shop, Inc. (Firm/Company) 3801 CLARKS RIVER RD (Address) (Address)			
(Firm/Company) FLST			
3801 CLARKS RIVE (Addi PADUCAH KY 4 (City/Ste	$\frac{e}{R}$		
(Addi	ress)		
PADUCAH KY 4	1/13		
(City/Sta	^{te/Zip)}		
	-01/10/0001032013 *****78.75 *****78.75		
Should you need to call someone concerning this matter			
1. Michael RADOLLEGE of (270)) 4/14-0019		
1. Michael RADcliffe at (270) (Name of Person) (Area	Code & Daytime Telephone Number)		
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STREET ADDRESS:	MAILING ADDRESS:		
Qualification/Tax Lien Section	Qualification/Tax Lien Section		
Division of Corporations	Division of Corporations		
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314		
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Enclosed is a check for the following amount:			
S70.00 Filing Fee \$\times \text{\$78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) 6. April 30 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Operate as a full Service machine shop

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 569 WINTER HAVEN , Florida, 33884 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. 11. 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman: THOMAS W BOTTOMS			 = .
Address: ZZO CLARKLINE RD			
PADUCAH KY 43003			
Vice Chairman: PAMELA 5 BOTTOMS			-
Address: ZZO CLARKLINE RO			
PADUCAH KY 42003			<u></u>
Director:			
Address:	= -	, T 7F	- The Limit
	i		<u> </u>
Director:	-		·
Address:		*	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)			
President: THOMAS W. BOTTOMS	SE	8	
Address: ZZO CLARKLINE RD		JA T	-
PADUCAH KY 42003	ARY ASSI	ā Ē	
Vice President: PAMELA S. BOTTOMS	OF S		
Address: ZZO CLARKLINE RO	NAT LORI	œ	
PADUCAH KY 42003	A A	<u></u> 5	
Secretary: STEPHEN WALLACE			
Assum 2000 Medicalon to Advance to	3		<u> </u>
KEUIL KY	-		. <u>4</u>
Treasurer:J. MICHAEL RADCLIFFE			ر د د د د د د د د د <u> </u>
Address: 127 GALE RD		_	
CALVERT CITY XY 42029			···
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or d	lirectors.		
18. At Mahael Fades He Turner			
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli-	cation)		
14. J. MICHAEL RADCLIFFE, TREASURER	-F		
(Typed or printed name and capacity of person signing application)			



John Y. Brown III Secretary of State

Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

WEST KY. MACHINE SHOP, INC.

is a corporation duly organized and existing under KRS Chapter 2715 whose date of incorporation is December 11, 1989 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretar State have been paid; that articles of dissolution have not been filed; and that the flost recent annual report required by KRS 271B.16-220 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 4th day of January, 2000.

JOHN Y. BROWN III

Secretary of State

Commonwealth of Kentucky

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