

# F000000004278

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: TBS Architects, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael L. Schenck  
(Name of Person)  
TBS Architects, Inc.  
(Firm/Company)  
1093 South Broadway  
(Address)  
Lexington, KY 40504-2677  
(City/State/Zip)

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-07/24/00--01100--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Should you need to call someone concerning this matter, please call:

Michael Schenck at ( 859 ) 281-6450  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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FILED  
00 JUL 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4p

**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. TBS Architects, Inc.  
(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.)
2. Kentucky 3. 61-1175186  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/20/90 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. May 3, 2000  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1093 South Broadway  
Lexington, KY 40504-2677  
(Current mailing address)
8. Architectural design and planning  
(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)  
Name: Danny Lee  
Office Address: 11210 Phillips Industrial Blvd. Ste 13  
Jacksonville, Florida, 32256  
(Zip code)

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TALLAHASSEE FLORIDA

**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.*

Danny Lee  
(Registered agent's signature)

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 which it is incorporated.

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

Michael L. Schenck, President  
1093 South Broadway  
Lexington, KY 40515

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Michael L. Schenck

Address: 1093 South Broadway

Lexington, Kentucky 40504-2677

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael L. Schenck  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael L. Schenck, Its President  
(Typed or printed name and capacity of person signing application)



**John Y. Brown III**  
**Secretary of State**  
**Certificate of Existence**

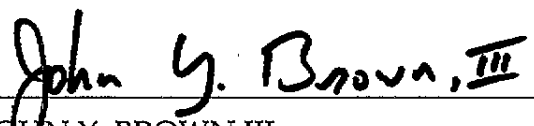
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**T.B.S. ARCHITECTS, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is February 20, 1990 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 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 20<sup>th</sup> day of July, 2000.

  
JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky  
pmclean/0269288

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00 JUL 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA