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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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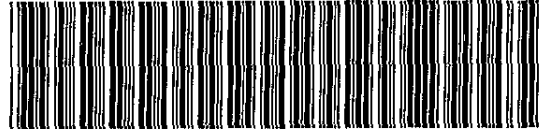
(Business Entity Name)

(Document Number)

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FD3-5431
AK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swan Financial Corporation

(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:

Eddie Sexton

(Name of Person)

Swan Financial Corporation

(Firm/Company)

309 Cannons Lane

(Address)

Louisville, KY 40206

(City/State and Zip code)

For further information concerning this matter, please call:

Eddie Sexton

(Name of Person)

at (502) 753-1340

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

FILED
OCT 17 PM 4:27
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS

**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. Swan Financial Corporation
(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. 03-0529199
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/10/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/2/2004
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 309 Cannons Lane Louisville KY 40206
(Principal office address)
309 Cannons Lane Louisville KY 40206
(Current mailing address)

8. Mortgage
(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

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.

NRAI Services, Inc.

By:
(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.

FILED
2004 OCT 27 PM 5:25
TALLAHASSEE, FL
CLERK OF THE COURT

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Thomas Sexton

Address: 9500 Williamsburg Plaza

Louisville, KY 40222

Director: David Raque

Address: 9500 Williamsburg Plaza

Louisville, KY 40222

B. OFFICERS

President: Thomas Sexton

Address: 9500 Williamsburg Plaza

Louisville, KY 40222

Vice President: David Raque

Address: 9500 Williamsburg Plaza

Louisville, KY 40222

Secretary: David Raque

Address: 9500 Williamsburg Plaza Louisville, KY 40222

Treasurer: David Raque

Address: 9500 Williamsburg Plaza Louisville, KY 40222

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

13. [Signature]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas Sexton - President

(Typed or printed name and capacity of person signing application)

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TOLSON
FEDERAL
DEPT OF JUSTICE



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,

SWAN FINANCIAL CORPORATION

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is October 10, 2003 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 17th day of October, 2003.



John Y. Brown, III

John Y. Brown III
Secretary of State
Commonwealth of Kentucky
tbates/0569822