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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blackburn To	ailer & Equipment Jales,
	poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
Named N. Black	burn
(Ne	ame of Person)
Blackburn Trailer	* Equipment Sales, Inc.
(Fi	rm/Company)
3609 HUBION COVE	Drive t.
Tanka 111. 51	(Address)
Jacksonville, Fl	State and Zip code)
City	State and Zip code)
For further information concerning this matter, please call:	
Nanci Blackhurn at G	204 821-0078
(Name of Person)	(Aréa 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 & S78.75 Filing Fee & Certificate of Statu	

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

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
Blackbuin Irailer & Equipment Sales, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
na., co., corp, me, co, or corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kentuek/ 3. 61-0735726
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. <u>Detober 25, 1972</u> 5. <u>Persetual</u>
(Date of incorporation) (Daration: Year corp. with cease to exist of perpetual)
6. Knon Qualification
(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.)
1. 3609 Auston Cove Dr. E. Jacksonville, Fl 322
(Principal office address)
(Principal office address)  3609 AValori Cove Dr. E. Jacksonu'lle, Fl 322.  (Current mailing address)
(Current mailing address)
8. Sale of Interior Van Equipment turniture Padsostra
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Do Hie S. be-
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Nancy N. Blockburn
Office Address: 3609 HV2101 Cover r. E
(City), Florida 32224 (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.
$\mathcal{L}$
(Registered agent's signature)
\ YveRisteren skent a sikistrate)

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 business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Louglas W. Blackburn	
Address: 3609 HV2/on Cove Dr E.	
Jzeksonville, Fl 32224	
Vice Chairman:	
Address:	
Director: Name V. Blackburn	
Address: 3609 Avalon Cove Dr. E.	
Jacksonville, Fl 32224	,
Director:	
Address:	
B. OFFICERS	
President: Douglas W. Slackburn	
Address: 3609 Auslan Clore Dr. E	المستقد المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية الم المستقدمة المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية المستوانية ا
Joeksonville, Fl 32224	-
Vice President: Norcy N. Blackhorn	_
Address: 3609 HV2/on Cove Dr. F	_
LOCKSONVILLE, F. 32224	-
Secretary: Nancy N. Blackburn	-
Address: 3609 HV2/ON Core Dr. E, DCKSONVille, F/3	22,224
Treasurer: Namy N. Blackburn	-
Address: 3609 AV2/on Cove Dr. F. Jacksonville, Fl 32	224
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
Man Carlot 11 11 1	
(Signature of Director or Officer listed in number 12 of the application)	-
14. Nancy N. Blackburn Vice tresident	_
(Typed or printed name and capacity of person signing application)	



## Trey Grayson Secretary of State

#### **Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### BLACKBURN TRAILER & EQUIPMENT SALES, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is October 25, 1972 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 15th day of March, 2004.



Trey Grayson Secretary of State Commonwealth of Kentucky BWeber/0004457