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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Bluegrass Communications, Inc. | c |
| (Name of corpo | ration - must include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida. | for Authorization to Transact Business in Florida", to register the above referenced foreign corporation to |
| Please return all correspondence concerning this ma | atter to the following: |
| Martha DeZern | |
| (Nam | ne of Person) |
| Bluegrass Communications, Inc. | |
| (Firm | n/Company) |
| Division of Corporations SUBJECT: Bluegrass Communications, 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: Martha DeZern (Name of Person) Bluegrass Communications, Inc. (Firm/Company) 4234 Benson Pike (Address) Shelbyville, KY 40065 (City/State and Zip code) For further information concerning this matter, please call: Martha DeZern (Area Code & Daytime Telephone Number) STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: | |
| (1 | Address) |
| Shelbyville, KY 40065 | |
| (City/St | tate and Zip code) |
| For further information concerning this matter, plea | ase call: |
| Martha DeZern at (502 | ₎ 930-5765 |
| | rea Code & Daytime Telephone Number) |
| | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | Registration Section Division of Corporations P.O. Box 6327 |
| Enclosed is a check for the following amount: | |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 5, 2004

MARTHA DEZERN
BLUEGRASS COMMUNICATIONS, INC.
4234 BENSON PIKE
SHELBYVILLE, KY 40065

SUBJECT: BLUEGRASS COMMUNICATIONS, INC.

Ref. Number: W04000017387

We have received your document for BLUEGRASS COMMUNICATIONS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 404A00030776

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.

| 77 a 4 a lass | ilable in Florida, enter alternate corporate nam | ne adopted for the purpose of transacting busin | iess in Flo | orida) |
|---------------------------------|--|--|---------------------|-------------|
| Kentucky | | 3 31-1510804 | | - |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | } | |
| Nov, 1996 | | 5 | -:- | |
| (Da | te of incorporation) | (Duration: Year corp. will cease to exist or | or "perpet | ual") |
| upon qualif | ication | and the second s | =: | |
| (Date first trans | acted business in Florida. If corporation has n | | qualifica | tion.") |
| | | 01, 607.1502 and 817.155, F.S.) | - | |
| 4234 Benso | n Pike, Shelbyville, KY 40065 | <u> </u> | ·· 7 | <u> </u> |
| | (Principal office ad | Idress) | | |
| 4234 Benson | n Pike, Shelbyville, KY 40065 | | | |
| | (Current mailing ac | idress) | | |
| (Purpose | gular Wireless service and equipment (s) of corporation authorized in home state or reet address of Florida registered agent: | country to be carried out in state of Florida) | <i>:</i> - | 61 AVA 10 |
| Name: | Ralph Mobiey | | e <u>aas</u> elo la | 9 |
| ffice Address: | 9781 Sassfrass Court | : - | | P |
| | Estado El | | ; | <u></u> |
| | (City) | (Zin code) | | <u></u> |
| | (0.1) | (ZAP COUC) | ٠ ' ستـ | * |
| | | | | |
| | agent's acceptance: | | | |
| aving been na | med as registered agent and to accept ser | rice of process for the moore stated corpo | " weed to w | e rive per |
| aving been na signated in th | agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin comply with the provisions of all statutes | itment as registered agent and agree to ac | ct in this | capacii |

- 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:

| ddress; 4234 Benson Pike | | | | | and the second second |
|---|----------------------|---------------------------------------|------------------|---------------------------------------|---|
| | | | - | | |
| Shelbyville, KY 40065 | <u> </u> | <u> </u> | <u></u> | · *- | |
| ce Chairman: | <u> </u> | - + · ; <u> </u> | | | - <u></u> |
| dress: | | | · | <u> </u> | |
| | | | 484 | , , , , , , , , , , , , , , , , , , , | |
| rector: | | | <u></u> | | |
| dress: | | | | | |
| | | | | | |
| | | | | | |
| rector: | | | | | |
| dress: | | | ** | | <u>·</u> |
| | <u> </u> | | | . <u>.:</u> \$ | • |
| OFFICERS | | | | | |
| esident: Martha DeZern | | | 17 | | · sar: |
| _ _ | #** *** | - | | | |
| | | | | | |
| | | | | | |
| ce President: | | · · · · · · · · · · · · · · · · · · · | | | |
| dress: | | | <u> </u> | | |
| | <u> </u> | · | <u> </u> | | |
| cretary: Sabrina Bailey | | | <u> </u> | | |
| dress: 137 Appletree Court, Frankfo | ort, KY 40601 | | <u> </u> | ** *** | |
| easurer: | | | | | |
| | | | | | |
| dress: | | | _ | <u>. ; = ;</u> | |
| OTE: If necessary, you may attach an ad | dendum to the annlic | ration listing ad | lditional office | rs and/or dire | ctors. |
| 1-40 | dendam to the appin | with using ac | Military Office | is and or and | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (Signature of Director of O | <u></u> | | | | |

(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,

BLUEGRASS COMMUNICATIONS, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is November 4, 1996 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 10th day of May, 2004.



Trey Grayson Secretary of State Commonwealth of Kentucky mstratton/0423662