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Florida Department of State

Division of Corporations Public Access System

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To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)222-9428 FOREIGN PROFIT QUALIFICATION CMW, Inc. Certificate of Status Certified Copy Page Count 05 Estimated Charge \$78.75 Name Availabillty Document nie Filing Manus Examiner Comercia Filings ncc 00g Updater Updater THE C Varidyer DCC Auknowiedgement としじ . W. P. Verifyer

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.

L CMW, INC.				
		ated," "company," "corporation."		
"lac.," "Co.," "(lorp," "Inc," "Co," or "Corp.")			
CMW	ARCHITECTS & ENGINE	EERS, INC.		
(If name unavai	lable in Florida, enter alternate corporate	name adopted for the purpose of transacting b	usiness in Florida)	
2. KENTUCKY		3, 61-0676785		
(State or country	under the law of which it is incorporated	d) (FEI number, if applica	ble)	
4. JULY 1, 1968		5. PERPETUAL		
(Date	e of incorporation)	(Duration: Year corp. will cease to ex-	ist or "perpetual")	
6				
•	(Date first transacted business 607,1501 &	iness to Florids, if prior to registration) 607.1502, P.S., to determine penalty liability)		
7,400 EAST VINE	STREET, SUITE 400, LEXINGTON, R	CY 40507		
	(Principal office	ce address)		
400 EAST VINE	STREET, SUITE 400, LEXINGTON, K	Y 40507		
	(Current mailir	ng address)		
	Y THE PRACTICE OF ARCHITECTUR	LE AND ENGINEERING, ETC. c or country to be carried out in state of Florida		
• • •	•	•	ı)	
9. Name and stro	<u>et address</u> of Florida registered agent	: (P.O. Box NOT acceptable)		
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324		
	(City)	(Zip code)		
10. Registered as	gent's acceptance:			1
Having been nam	ied as registered agent and to accept	service of process for the above stated col	poration at the place	*******
designated in this Europe cores to a	application, I hereby accept the app	pointment as registered agent and agree to	act in this capacity. I	_ نقات
and I am familiar	with and accept the obligations of n	utes relative to the proper and complete pe to position as repistered agent.	rrormance of my duties	p Married
	_		52 =	فتست
	•	" Sedem J. Metze		
By		Assistant Secreta	W 3 C	
	(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 business addresses of officers and/or directors;

A. DIRECTORS	
Chairman: SEE ATTACHED ADDENDUM	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address;	
B. OFFICERS	
President SEE ATTACHED ADDENDUM	
Address:	· · · · · · · · · · · · · · · · · · ·
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	The state of the s
Address:	n D
NOTE: The necessary, you may attach an addendum to the application listing a	additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of	f the application)
14. CHENAULT WOODFORD, VICE PRESIDENT	
(Typed or printed name and capacity of person signing	ng application)

Application by Foreign Corporation for Authorization to Transact Business in Florida Question 12 A and 12 B Directors and Officers CMW, Inc.

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Ċ	Lexinaton	Lexinaton	Lexington	Lexington	400 Lexington		
Business address	400 E. Vine St., Suite 400 Lexination	Chenault Woodford 400 E. Vine St., Suite 400 Lexinaton KV	400 E. Vine St., Suite 400 Lexington KY 40507	400 E. Vine St., Sulte 400 Lexington KY 40507	400 E. Vine St., Suite 400 Lexington KY		
Names	Jack H. Ballard	Chenault Woodford	VP/Treasurer Alan Suliwan	Brian Hill	William J. Pickering		
Officer Title	President	٩٨	VP/Treasurer	VP/Secretary Brian Hill	VP		
Director Title	Director	Director, COB, CFO	Director	Director	Director		

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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,

CMW, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is July 1, 1968 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 13th day of January, 2005.



Trey Grayson Secretary of State Commonwealth of Kentucky BWeber/0185174 - Certificate ID: 9572