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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>Boots Bucille And Company</u> (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:

Tina Spaulding
(Name of Person)
Bootie Bucille And Company
(Firm/Company)
3019 Ellice Way
(Address)
Naples, FL 34119
(City/State and Zip code)

For further information concerning this matter, please call:

Time Spauldingat (239)566 - 2110(Name of Person)(Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

409 E. Gaines St.

Tallahassee, FL 32399

□ \$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

#### 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. <u>Bootie Bucille And</u> (Enter name of corporation; must include "INCORPORAT	Company TED," "COMPANY," "CORPORATION,"	·
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida	)
2. Kentucky	3	
2. Kentuck (State or country under the law of which it is incorporated)	(FEI number, if applicable)	
42-11-05	5. <u>Perpetual</u> (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation)	(Duration: Year <sup>a</sup> corp. will cease to exist or "perpetual")	)
6(Date first transacted busine	ess in Florida, if prior to registration)	
	07.1502, F.S., to determine penalty liability)	
7. 3427 Enterprise Avenue, Suite 1, (Principal office	Naples FL 34104	_
(Principal office	address)	
3019 Ellice way, Naples FL Current mailing	34/19	
/ (Current mailing	address)	
8. For the transaction of any and all (Purpose(s) of corporation authorized in home state of	lawful businesses for which for oral	La concelione
(Purpose(s) of corporation authorized in home state of may be incorporated in Florida	or country to be carried out in state of Florida)	
9. Name and <u>street address</u> of Florida registered agent: (	(P.O. Box <u>NOT</u> acceptable)	17
Name: Time Spanidura		<u>t</u> - <u>-</u>
		<u>.</u>
Office Address: <u>3019 Ellice Way</u>		
Noples .	, Florida <u>34119</u>	
t · (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.

(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: Tina Spanlding
Address: 3019 Ellice way
Maples, FL 34119
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: <u>Diene Bromley</u>
Address: 4208 Ridgemater Drive
Lexington, KY 40515
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
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(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,

### **BOOTIE BUCILLE AND COMPANY**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is February 11, 2005 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 16th day of March, 2005.



Trey Grayson Secretary of State Commonwealth of Kentucky Tmorgan/0605953 - Certificate ID: 12081