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(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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DISTANCE SORT ORATION

AND ANASSEE, FLORIDA

4 MAY OCT 3 2005

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations								
SUBJECT: DENHAM-BLYTHE COMPANY, IN	NC.							
	on - 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 matte	er to the following:							
Catherine 1	3nH) elli							
(Name o	of Person)							
(Firm/C	ompany)							
101 Main Str	let Suite ONLES & J							
(Add	dress)							
Tappon, N.Y.	10983							
(City/State	and Zip code)							
For first an information annual property and an action and	0870							
For further information concerning this matter, please	can:							
atherine bothicely at (848	<b>5</b> ) 348-6900							
(Name of Person) (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 & S87.50 Filing Fee, Certified Copy 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.							
	(Enter name of corporation; must include "INCORPORATED	D,"'	"COMPANY," "CORPORATION,"				
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	(If name unavailable in Florida, enter alternate corporate nam	ne ad	dopted for the purpose of transacting business in Florida)				
2.	. KENTUCKY  (State or country under the law of which it is incorporated)	3.	61-0902693				
	(State or country under the law of which it is incorporated)	-	(FEI number, if applicable)				
				7			
4.	7/15/76 5	5.	PERPETUAL				
	(Date of incorporation)	(	PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")	•			
6	UPON QUALIFICATION						
	(Date first transacted business in Florida. If corporation has n	ot tr	transacted business in Florida, insert "unon dialification.")				
7.	100 TRADE STREET LEXINGTON, KY		)511	$   \sqrt{} $			
	(Principal office ad	idres	353)	0			
	PO BOX 11636 LEXINGTON, KY	40	607.1502 and 817.155, F.S.) 0511 ess) 0576 ess)	_			
	(Current mailing ad		(3 cg)				
	(Caren maning ac	au o	67. 6	Ś			
	1101						
8. NON-RESIDENTIAL BUILDING CONSTRUCTION							
	(Purpose(s) of corporation authorized in home state or	cour	intry to be carried out in state of Florida)				
9.	. Name and street address of Florida registered agent:	: (P	P.O. Box or Mail Drop Box NOT acceptable)				
	NDA! Conforming						
	Name: NRAI Services, Inc.		<del></del>				
$\sim$	Office Address: 2731 Executive Park Drive, Suite 4						
U.			<del>_</del>				
	Weston		, Florida <u>33331</u> (Zip code)				
	(City)		(Zip code)				
	,		, <u>-</u>				
10	0. Registered agent's acceptance:						
H	laving been named as registered agent and to accept serv	vice	e 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.							
	NDAI Services Inc						

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.

1, Asst. Sect, NRAI Servies Inc.

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

#### A. DIRECTORS

Chairman: _	ROBERT C. MUDD		· <del>-</del>	
Address:	100 TRADE STREET	LEXINGTON, KY	40511	
Vice Chairm	nan:			
Address:				
Director:	MICHAEL W. COX		· · · · · · · · · · · · · · · · · · ·	2 12
Address:	100 TRADE STREET	LEXINGTON, KY	40511	1000
Director:	DENIS G. STEINER			100 00 NO
Address:	100 TRADE STREET	LEXINGTON, KY	40511	E. S.
B. OFFIC	ERS			4. K
President: _	ROBERT C. MUDD			
Address:	100 TRADE STREET	LEXINGTON, KY	40511	
Vice Preside	ent: MICHAEL W. COX			
Address:	100 TRADE STREET	LEXINGTON, KY	40511	
Secretary: _	ROBERT C. MUDD			,
Address:	100 TRADE STREET	LEXINGTON, KY	40511	
Treasurer: _	DENIS G. STEINER			
Address:	100 TRADE STREET	LEXINGTON, KY	40511	
<b>NOTE:</b> If 13	necessary, you may attach and	aldendum to the applicat	ion listing additional office	ers and/or directors.
1.J,	(Signature of Director or	Officer listed in number	12 of the application)	
14	DENIS G. STEINER	/ EXECUTIVE VICE		
	(Typed or printed	name and canacity of ne	erson signing application)	

## **Commonwealth of Kentucky 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,

#### DENHAM-BLYTHE COMPANY, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is July 15, 1976 and whose period of duration is perpetual.

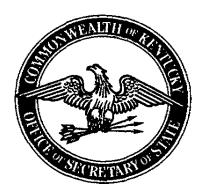
I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11th day of August, 2005.

Certificate Number: 18605 Jurisdiction: CT Secretary of State

Visit http://apps.sos.kv.gov/business/obdb/certvalidate.aspx\_to\_validate the authenticity of this

certificate.



Trey Grayson Secretary of State

Commonwealth of Kentucky 18605/0072808