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VISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

PAI of Kentucky, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	E WITH SECTION 607.1503, FLORIDA STATUTES REIGN CORPORATION TO TRANSACT BUSINES	S, THE FOLLOWING IS SUBMITTED TO S IN THE STATE OF FLORIDA	
, D C	IT of Kentucky. Toc.		•
(Enter name of ea "Inc.," "Co.," "Co	corporation; must include "INCORPORATED," "COMI	'ANY," "CORPORATION,"	
		•	
(If name unavails	able in Florida, enter alternate corporate name adopted f	or the purpose of pransacting business in Florida)	•
z <u>Kentud</u>			-
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	2
4. <u>[p]3</u>	5	HEQUETIAL THE Year corp. will cease to exist or "personal")	
(Date	e of incorporation) (Duratio	in: Year corp. will cease to exist or paracular)	15 M
G	(Date first transacted business in Florida, (SEE SECTIONS 607.150) & 607.1502, F.S.,		19 30:13
7 <u> 713 L</u>	Jest Main Street State 300 (Principal office address)	Louisulle, LY 40202	100 m
<u> </u>	lest Moin Street Suite 305 (Current mailing address)	Louisville, LY 40202	
8. Ev	superios / Acobitecture		_
(Purpose(s	of corporation authorized in home state or country to	be carried out in state of Florida)	
9. Name and <u>stree</u>	et address of Florida registered agent: (P.O. Box 1	iOT acceptable)	
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation , F	lorida 33324	
	(City)	(Zip vode)	-
Having been nam designated in this further agree to c	gent's acceptance: ned as registered agent and to accept service of pro a application, I hereby accept the appointment as a comply with the provisions of all statutes relative to r with and accept the obligations of my position as	registered agent and agree to act in this cape o the proper and complete performance of n	acity. I
	C T Corporation System	a .	
. <u>B</u>	marel Decard	4-0-4-0	
the Department of	(Registered agent's signature) OFFICE RECORD ASS certificate of existence duly authenticated, not more f State, by the Secretary of State or other official have the it is incorporated.	e than 90 days prior to delivery of this applic	ation to ediction

12. Names	and business addresses of officers and/or directors:
A. DIREC	
Chairman: _	Outre Prescell
Address:	713 12-100 in Street State 300 Louisville, KY 40202
_	
Vice Chairu	m. Potti Presnell Modox
Áddress:	713 W Main Stepet Sute 300 Louisville, My 40202 -
Director: _	Tim Pressell
Address:	113 West Main Street Suite 300 Laureville, by 40000 1995
	David Presnell III
Address: _	713 West Moin Steet Suite 310 Lausville, by 40000
B. OFFIC	·
	Michael Presnell
Address: _	713 West Main Street Suite 300 Louisville, Ky 40302
Vice Preside	anti
Address:	
Secretary:	Fath Prescell Maddox
Address: _	113 West Main Street Suite 300 Louisville by 40202
Treasurer:	
Address: _	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Mrichael E. Franell
1-4- <u>-</u>	(Signature of Director or Officer listed in number 12 of the application)
14	Michael Hessell, Hesselect
	(Typed or printed name and capacity of person signing application)

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71.019 - WOUNG C'T System Online

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,

PALOF KENTUCKY, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is June 3, 1993 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 28th day of October, 2005.

Certificate Number: 21887 Jurisdiction: 0315983

Visit http://apps.sos.kv.gov/business/obt/b/certvelidate.aspx_to_validate ine authenticity of this certificate.



They Grayson Secretary of State Commonwealth of Kentucky 21867/0315883

TOTAL P.85