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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

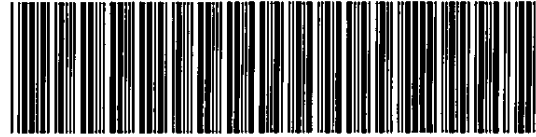
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 10-16-06

43327



**MASONRY PRODUCTS, INC.**

**DBA**

Cherokee Southland • Lee Brick + Block • Mountain Stone • MTS Manufacturing  
September 21, 2006 Southland Block • Southland Brick + Block

Florida Department of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Lee Masonry Products, LLC now Lee masonry Products, Inc.

To Whom It May Concern:

Enclosed, please find our withdrawal papers for Lee Masonry Products, LLC and check # 108956 for \$25.00.

Also, enclosed please find our new application to transact business in Florida under the name Lee Masonry Products, Inc. Our check # 108957 is enclosed for \$70.00.

If you have any questions, you can reach me after October 1<sup>st</sup> at 270-886-6696 Ext. 20.

Thank you.

Sincerely,

Kathy Walsh  
LEE MASONRY PRODUCTS, INC.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2006

BARRY S. LEE  
P.O. BOX 687  
HOPKINSVILLE, KY 42242

SUBJECT: LEE MASONRY PRODUCTS, INC.  
Ref. Number: W06000043327

We have received your document for LEE MASONRY PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with 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) 245-6925.

Cynthia Blalock  
Document Specialist

Letter Number: 906A00058536

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LEE MASONRY PRODUCTS, 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:

BARRY S. LEE  
(Name of Person)

LEE MASONRY PRODUCTS, INC.  
(Firm/Company)

P.O. BOX 687  
(Address)

HOPKINSVILLE, KY 42241  
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KATHY WALSH at ( 270 ) 886-6696 Ext 20  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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 & 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.**

LEE MASONRY PRODUCTS, INC.

1. LEE MASONRY PRODUCTS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KENTUCKY 3. 61-0901825  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/1/06 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1004 N. VINE ST, HOPKINSVILLE, KY 42240  
(Principal office address)
- P.O. BOX 687, HOPKINSVILLE, KY 42241  
(Current mailing address)

8. RESELLER AND WHOLESALE OF CONCRETE MANUFACTURED BLOCK AND BUILDING PRODUCT  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.

Office Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON, Florida 33331  
(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.*

*Meplu* ASSTSEC  
(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: SEE ATTACHED LIST

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

BARRY S. LEE

SECRETARY/TREASURER

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LEE MASONRY PRODUCTS INC

FED ID# 61-0901825

CAROL T. LEE-PRESIDENT  
1575 HUNTS LANE  
BOWLING GREEN KY 42101  
270-781-9813 PHONE  
403-68-2263

DAVID R. LEE-VICE PRESIDENT  
25 GOSHEN  
FRANKFORT KY 40601  
502-223-2327 PHONE  
405-60-4018

WILLIS A. LEE-VICE PRESIDENT  
2292 CARDWELL LANE  
FRANKFORT KY 40601  
502-223-2327 PHONE  
404-66-4710

BARRY S. LEE-SEC/TREAS  
5150 CADIZ ROAD  
HOPKINSVILLE KY 42240  
270-885-7629 PHONE  
404-84-5340

JOHN B. LEE  
2284 CARDWELL LANE  
FRANKFORT KY 40601  
502-223-2327 PHONE  
400-62-7454

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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,

**LEE MASONRY PRODUCTS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is February 23, 2006 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 24th day of May, 2006.

Certificate Number: 31554

Jurisdiction: LEE MASONRY PRODUCTS, INC

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.



*T. Grayson*

Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
31554/0632966