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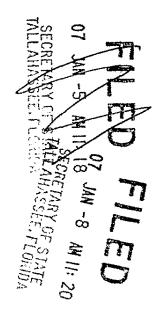
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PICK-UP	☐ WAIT	MAIL			
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Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER	or Jan 4- ED					
TO: New Filing Section Division of Corporations	TALLOFFARE OF TITE					
SUBJECT: VAUGHT ENTERPRISES, INC.	- V V'40/5					
(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	lowing:					
TIM BOYD, CPA	•					
(Name of Person)						
PERRY, MCCAIN & BOYD,	CPA. PC					
(Firm/Company)						
309 NORTH MARKET ST	<del>-</del>					
(Address)						
PARIS, TN 38242						
(City/State and Zip code	)					
For further information concerning this matter, please call:  TALLARIAN SECRETAR AHASSS						
TIM BOYD, CPA at 731-642-1755						
(Name of Person) (Area Code & I	Daytime Telephone Number)					
Division of Corporations Clifton Building	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 & \$78.75 Filing Fee & Certificate of Status 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.

l.		ERPRISES, INC.					
		rporation; must include "INC	CORPORATED,"	"COMPANY," "C	ORPORATION,"		
	"Inc.," "Co.," "Col	rp," "Inc," "Co," or "Corp.")					
		ES COMPANY					
	(If name unavailat	ble in Florida, enter alternate	corporate name a	dopted for the purp	ose of transacting b	usiness in Florida)	
2	KY		3	61-1082351		0,	
		nder the law of which it is in			I number, if applica	blefor	Company of the Compan
	06/11/1005	~	e	PERPETUAL			5
4.	06/11/1985	(Date of incorporation)	3.		orp, will cease to ex	ist or "pernetual"	
				(Darasion: 1 car co	np. Will couse to ea.		
6.	01-11-2007			<u> </u>		- 20	1.
		(Date first transa (SEE SECTIONS 607.1		lorida, if prior to re		G É	2
		(SEE SECTIONS 607.	1301 & 007.1302	, r.s., w determine j	penany naomicy)	E.C.	· · · · · ·
7.	408 N 12TH	ST, MÜRRAY, KY				<u> </u>	=
			(Principal offi	ce address)			
	408 N 12TH	ST, MURRAY, KY	42071				
			(Current maili	ig address)			
8.	SALES OF F	'URNITURE					
	(Purpose(s)	of corporation authorized in	home state or co	untry to be carried o	out in state of Florid	a)	-
ຄ	Mama and atreat	address of Florida registe	rad agants (D.O	Day MOT again	stable)	75.0	
у,	Name and street	address of Florida registe	red agent. (F.O	. Box <u>NOT</u> accep	nautej	-	
	Name:	ROBERT VAUGHT				至	Carrier Carrie
_		1001				(SE) 54	
O:	ffice Address:_	1901 NORTH T ST		<del></del>		三 星	13
		PENSACOLA		Florida 32!	505 -	- Fo	-0
		(City)	)		Zip code)		•
			-	•	- •	र्ज मन्त्र हैं इस	
10	). Registered age	ent'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.

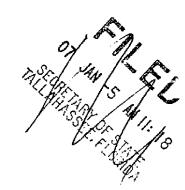
(Registered agent's signature)

- 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:

À. DIRECTORS.	•
Chairman: ROBERT_VAUGHT	
Address: 408 N 12TH ST	
MURRAY, KY 42071	Mind S
Vice Chairman:	9/1:
Address:	
Director: CHRIS VAUGHT	
Address: 408 N 12TH ST	<u> </u>
MURRAY, KY 42071	
Director: SHEILA VAUGHT	
Address: 408 N 12TH ST	· · · · · · · · · · · · · · · · · · ·
MURRAY, KY 42071	
B. OFFICERS	
President: ROBERT VAUGHT	<del></del>
Address: 408 N 12TH ST	07 SECR
MURRAY, KY 42071	AND AN AND AND AND AND AND AND AND AND A
Vice President: CHRIS_VAUGHT	MO SSZ Φ
Address: 408 N 12TH ST	F S T
MURRAY, KY 42071	TE 20
Secretary: SHEILA VAUGHT	
Address: 408 N 12TH ST, MURRAY, KY 42071	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application list	
(Signature of Director or Officer listed in num	nber 12 of the application)
14. ROBERT VAUGHT, DIRECTOR, PRESIDENT  (Typed or printed name and capacity of per	rson 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,

### VAUGHT ENTERPRISES, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is June 11, 1985 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 5th day of January, 2007.

Certificate Number: 41745

Jurisdiction: VAUGHT ENTERPRISES INC

Visit http://apps.sos.ky.gov/business/obdb/certyalidate.aspx\_to validate the authenticity of this

certificate.



Trey Grayson

Secretary of State Commonwealth of Kentucky 41745/0202700