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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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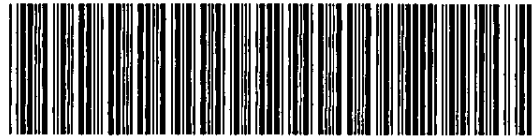
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hinkle Contracting Corporation
(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:

Lisa Duckworth
(Name of Person)
Hinkle Contracting Corporation
(Firm/Company)
P.O. Box 200
(Address)
Paris, KY 40362-0200
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Duckworth at (859) 987-3670 Ext. 155
(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.

1. Hinkle Contracting Corporation
(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. 61-0725598
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/22/72 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 395 North Middletown Road - Paris, KY 40361
(Principal office address)

P.O. Box 200 - Paris, KY 40362-0200
(Current mailing address)

8. Contractor
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Carol Record

Carol Record (Registered agent's signature)
Assistant Secretary

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:

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Please see attached "Officers and Directors"

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Please see attached "Officers and Directors"

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. _____

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

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**HINKLE CONTRACTING CORPORATION
OFFICERS AND DIRECTORS**

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NAME	POSITION OR TITLE	HOME ADDRESS
SALLY HINKLE	CHAIRMAN OF THE BOARD AND DIRECTOR	SECRETARY OF STATE TALLAHASSEE FLORIDA 601 N. MIDDLETOWN ROAD PARIS, KENTUCKY 40361
HENRY HINKLE	CHIEF EXECUTIVE OFFICER, PRESIDENT AND DIRECTOR	333 CANE RIDGE ROAD PARIS, KENTUCKY 40361
WILLIAM CRESS	EXECUTIVE VICE PRESIDENT AND DIRECTOR	P.O. BOX 487 STANTON, KENTUCKY 40380
THOMAS HINKLE	VICE PRESIDENT, DIRECTOR	1608 CLINTONVILLE ROAD PARIS, KENTUCKY 40361
THOMAS BRANNOCK	TREASURER, DIRECTOR	116 DUNCAN AVENUE PARIS, KENTUCKY 40361
RICHARD LEDFORD	VICE PRESIDENT, DIRECTOR	2022 PARKLAND DRIVE SOMERSET, KENTUCKY 42503
GORDON WILSON	VICE PRESIDENT, DIRECTOR	2003 WYNDAMERE DRIVE PARIS, KENTUCKY 40361
SUSAN HINKLE	CORPORATE SECRETARY AND DIRECTOR	1500 CANE RIDGE ROAD PARIS, KENTUCKY 40361
BUCKNER HINKLE, JR.	ASSISTANT SECRETARY, GENERAL COUNCIL AND DIRECTOR	3612 HIDDEN POND ROAD LEXINGTON, KENTUCKY 40502
JONI RANSDALL	CONTROLLER	1212 LITCHFIELD LANE LEXINGTON, KENTUCKY 40513
ANNE BALDWIN	DIRECTOR	1500 CANE RIDGE ROAD PARIS, KENTUCKY 40361
DR. NANCY HOLLAND	DIRECTOR	3800 BRUMFIELD LANE NICHOLASVILLE, KENTUCKY 40356
DAVID ROSENBERG	DIRECTOR	ONE EAST 4TH STREET CINCINNATI, OH 45202

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,

HINKLE CONTRACTING CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is February 22, 1972 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.

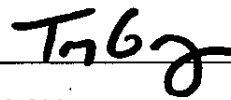
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 22nd day of March, 2007.

Certificate Number: 45551

Jurisdiction: Hinkle Contracting Corporation

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





Trey Grayson
Secretary of State
Commonwealth of Kentucky
45551/0190037