F0700003185

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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
. (Bus	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRUTARY OF STATE TO ACKNOWLEDGE TALLAHASSEE, FLUIKIDS OF FILITION OF FILITION

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NO SOLUTION



June 4, 2007

CT

SUBJECT: DELTA T CORPORATION

Ref. Number: W07000026466

We have received your document for DELTA T CORPORATION and your check(s) totaling \$3520.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the original and one copy of 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) 245-6955.

Suzanne Hawkes Document Specialist New Filing Section

Letter Number: 307A00038082



1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

June 1, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6583161 WO

Customer Reference 1: 0013465.0127650 Customer Reference 2: DeltaT/Big Ass Fans

Dear Department of State, Florida:

Please obtain the following:

Delta T Corporation (KY) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



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1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

June 22, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6957937 SO

Customer Reference 1: FL Qualification

Customer Reference 2:

NA

Dear Department of State, Florida:

Please obtain the following:

Delta T Corporation (KY) Qualification Florida

Jibla Telta T Fans Corporation

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

Please backdate ?

Tune 1st.

Thank You!

Page 1 of 1

TRANSMITTAL LETTER

TO:	Registration Division of	n Section Corporations			
SURI		T Corporation			
о св о	EC1. <u></u>		lame of corpor	ation - must include suffi	x)
Dear S	ir or Madam	:			
"Certif		tence," and check	•		sact Business in Florida," renced foreign corporation to
Please	return all con	rrespondence conc	erning this ma	tter to the following:	
J. Care	y Smith, Presi	dent			
		,,,,,,	(Name	e of Person)	
			Delta T (Corporation	
			(Firm	(Company)	"
			2425 Mei	chant Street	70 9
			(A	ddress)	CO. J.
			Lexington, K	Lentucky 40511	
	· · · · · ·		(City/Sta	nte and Zip code)	
For fur	ther informa	tion concerning th	is matter, plea	se call:	F. 5 5
J. Care	y Smith, Presi	dent	at (859	233-1271	
	(Name of I	Person)		ea Code & Daytime Telep	phone Number)
	409 E. Gair	n Section Corporations		MAILING Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327
Enclos	ed is a check	for the following	amount:		
□ \$ 70	.00 Filing Fe		iling Fee & ate 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. Delta T Corpora	ation		
	corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp.")	o," "COMPA	NY," "CORPORATION,"
	Fans Corporation	e adopted for	the purpose of transacting business in Florida)
`	•	61-126006	
2. Kentucky (State or country	under the law of which it is incorporated)	. 01 120000	(FEI number, if applicable)
4. 03/17/1994	5	Perpetual	
	of incorporation)	·	Year corp. will cease to exist or "perpetual")
6. 2004			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1		
0.053.6	•	1502, 1.5., 10	determine penany naomy)
7. 2425 Merchant S	treet, Lexington, KY 40511 (Principal office ad	dress)	
D.O. Day 11207	•	u. 000)	
F.O. Box 11307,	Lexington, Kentucky 40575-1307 (Current mailing ad	dress)	
	`	·	
•	nfacturing, marketing and selling high volume		
(Purpose(s	s) of corporation authorized in home state or o	country to be	carried out in state of Florida) = 9
9. Name and street	et address of Florida registered agent: (P.	O. Box NO	Tacceptable)
Name:	C T Corporation System		The state of the s
Office Address:	1200 South Pine Island Road		EE-TLG
	Plantation	, Flor	
	(City)	,,	(Zip code)
10 Registered of	gent's acceptance:		·
TAL TARBETTE OR W	Pana a masahannas		

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: Calol Puod Swittly
(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:

A. DĮRI	RECTORS	
Chairman	n:	
Address:	:	
Vice Chai	airman:	
Address:		······································
-		······································
Director:	J. Carey Smith	
Address:	2425 Merchant Street, Lexington, KY 40511	
Director:	Nancy M. Smith	
Address:	2425 Merchant Street , Lexington, KY 40511	9
		Lec y
B. OFF	FICERS	
President:	t: J. Carey Smith	
	2425 Merchant Street	1877 E
	Lexington, KY 40511	Dr. O
Vice Pres	sident:	
Secretary	y: Nancy M. Smith	
·	: 2425 Merchant Street , Lexington, KY 40511	
Treasurer	er:	
• • • • •		
NOTE:	If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)	
14 J C	(Signature of Director or Officer listed in number 12 of the application)	,

(Typed or printed name and capacity of person 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,

DELTA T CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is March 17, 1994 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 March, 2007.

Certificate Number: 44490 Jurisdiction: kentucky

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 44490/0328022