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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
AUTHORIZATION CORRECT SI DATE 9 11	NBYPHONETO M HOOL OT Laterna	<u>/L</u>
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07 SEP -5 PH 4: 15

SECRETARY OF STATE DIVISION OF CORPORATIONS

g 9/11/07

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

07 SEP -5 PH 4: 15

	01351 3 (114.13
TO: New Filing Section Division of Corporations	
SUBJECT: KLW ENTER PRI	SES, INC.
(Name of corpora	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation 1 "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this mat	tter to the following:
William Majaken	
William Majakey	e of Person)
KLW ENTERPRISES 1	NC
KLW ENTERPRISES, /	Company)
120 Quinton Court (A LEXINGTON, KY	Suite 103
. (A	ddress)
LEXINGTON, KY	40509
(City/Sta	te and Zip code)
For further information concerning this matter, pleas	se call:
William Majakey at (85 (Name of Person) at (85	9, 576.4102
(Name of Person) (Are	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	·
\$70.00 Filing Fee \$\sum \text{Certificate of Status}\$	S78.75 Filing Fee & S87.50 Filing Fee, 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.

1. KLW Enterprises, /wc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
KEVIN LEE WEBB ENTERPRISESK INC.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business i	n Florida)
2. Kentucky (State or country under the taw of which it is incorporated) 3. 61-1267279 (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 8-12-1994 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual)	
(Date of incorporation) (Duration: Year corp. will cease to exist or "pe	erpetual")
6.	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 120 Quinton Court, Suite 103; Lexington, KY 40 (Principal office address) 120 Quinton Court, Suite 103; Lexington KY (Current mailing address)	,509
(Principal office address)	
120 Quinton Court, Suite 103; Lexington KY	40509
(Current mailing address)	
8. Manage ment of operations (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	g Prong
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	0 ₹∂
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	SIC SIC
<u> </u>	'무 종립
Name: Thomas E. Calduell	사 불렀고
Office Address: 632 Dunlawton Ave	3
Dack Dance 3200	ST ST
Port Orange, Florida 32007 (Zip code)	5
(City) Code)	0::
10 Registered agent's acceptance:	U ,

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.

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. DIRECTORS	
Chairman: Kevin L. WEBB	
Address: 3749 Ridgeview Way	
Lexington, Ky 40509	
Vice Chairman: Leganna Lynn Webb	
Address: 3749 Ridgeview Way	
Lexington, KY 40509	
Director: Bill Majakay	
Address: 888 CLUB CIRCLE	Ü
Daniels, WV 25832	SEI IVIS
Director: Bill Esenback	SEP SEP
Address: 708 Everest Court	7 25E
Lexington, Ky 40515	PH RPO
B. OFFICERS	* RATIO
President: Kevin L. WEBB	SECRETARY OF STATE OF STATE OF CORPORATIONS 07 SEP -5 PH 4: 16
Address: 708-Everest Court 3749 Ridge View Way	
Lexing ton, KY 40509	
Vice President: Bill Esewbock	
Address: 708 Everest Court; Lexington Ky 40515	
Address: 22 TO COST 22 TO	
Secretary: Bill Maja Key	
Address: 888 CLUB CIRCLE: DANIELS WV 25832	
Treasurer: Bill Majakey	
Address: Bill Majakey Address: 888 CLUB CIRCLE; DANIELS WV 25832	
Address. Of the second of the	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13. By Najotey	
(Signature of Director of Officer listed in number 12 of the application) Bill MAIAKEA	
(Typed or printed name and capacity of person signing application)	

Commonwealth of Kentucky SECRETARY OF STATE SECRETARY OF STATE OF STATE OF SEP -5 PM 4: 16 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,

KLW ENTERPRISES, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is August 12, 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 2nd day of August, 2007.

Certificate Number: 51351 Jurisdiction: William Majakey

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

certificate.



Ta62

Trey Grayson Secretary of State Commonwealth of Kentucky 51351/0334485