0700005466

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W07-52004					

Office Use Only



700109685617

10/18/07--01038--004 **70.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2007

EVAN A. KULSVEEN KENTUCKY BOURBON DISTILLERS, LTD. P.O. BOX 785 BARDSTOWN, KY 40004

SUBJECT: KENTUCKY BOURDON DISTILLERS, LTD.

Ref. Number: W07000052004

We have received your document for KENTUCKY BOURDON DISTILLERS, LTD. 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 use of the abbrevation "LTD" does not clearly indicate that this is a corporation instead of a partnership. Therefore, you must include an additional suffix. Such suffixes include: Corportion, Corp., Incorporated or Inc. Make the necessary correction and return document for processing.

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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 507A00061869

07 NOV -5 AH 8: 00

COVER LETTER

	New Filing Section Division of Corporations							
SUBJECT	Kentucky Bourbon Distillers, Ltd.							
		(Name of co	rporati	on - must include suffi	х)			
Dear Sir or M	ladam:							
	of Exister	ice," and check are submi			sact Business in Florida," renced foreign corporation to			
Please return	all corre	spondence concerning thi	s matte	r to the following:				
Even A.	Kulsve	en						
		(1	Name o	f Person)				
Kentucky	/ Bourl	oon Distillers, Ltd.						
		(1	Firm/C	ompany)				
P.O. Box	785							
			(Add	iress)				
Bardstow	vn, KY	40004						
		(Cit	ty/State	and Zip code)				
For further in	nfo rm atio	n concerning this matter,		call:				
Even A. k	Kulsve	en at (_	502	₎ 348-0081				
(Nai	me of Pei	rson)	(Area	Code & Daytime Tele	phone Number)			
New Divis Clift 2661	Filing So sion of C on Buildi Executiv	orporations		New Filing Division of P.O. Box 6	Corporations			
Enclosed is a	check fo	or the following amount:						
\$70.00 Fil	ing Fee	\$78.75 Filing Fee Certificate of Sta		\$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.

(Enter name of c	Bourbon Distillers, Ltd. ("Co corporation; must include "INCORPORAT			•					
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")								
Old Bards	town Distilling Co.								
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)	•					
(State or country under the law of which it is incorporated) O1/25/90 (Date of incorporation)			61-1182390						
			(FEI number, if applicable) Perpetual (Duration: Year corp. will cease to exist or "perpetual")						
					ó				
								n Florida, if prior to registration) 502, F.S., to determine penalty liability)	•
. 1869 Loret	to Road, Bardstown, KY 40		• • •	_					
	(Principal office	add	ress)						
P.O. Box 7	85 Bardstown, KY 40004			-					
	(Current mailing	add	ress)						
Distributio	n of products								
(Purpose(s) of corporation authorized in home state of	эг сс	ountry to be carried out in state of Florida) $\exists s$	•					
. Name and stree	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)	-					
Name: Chris Barnes			(P.O. Box NOT acceptable) (P.O. Box NOT acceptable)						
Office Address:	204 East South Street Unit 4062								
	Orlando		7. Florida 32801 (Zip code) (Zip code) (FLORIDA 100)						

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.

(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. DIRECTORS Chairman: Address: Vice Chairman: Address: ___ Director: _ Address: Director: Even A. Kulsveen Address: 1869 Loretto Road Bardstown, KY 40004 **B. OFFICERS** President: Martha W. Kulsveen Address: 1869 Loretto Road Bardstown, KY 40004 Vice President: ___ Address: _ Secretary: _ Treasurer: Address: __ NOTE: (Enecessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Even A. Kulsveen, Director (Typed or printed name and capacity of person signing application)



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,

KENTUCKY BOURBON DISTILLERS, LTD.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is January 25, 1990 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 August, 2007.



Trey Grayson Secretary of State Commonwealth of Kentucky

BWeber/0268348 - Certificate ID: 52192