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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: TAS.A. &	oration - must include suffix)
(Name of corp	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this not have the second (National Contents)	
T. A. S. A. O	me of Person) Tuc
(Fith	m/Company) O O D D . (Address) Atate and Zip code)
. Λ	(Address)
Edge wood,	KY 4/0/2
(City/S	state and Zip code)
For further information concerning this matter, ple	ease call:
Therese Mordweyer at (fl) (Name of Person)	59, 344-2060
(Name of Person) / (A	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
TASA. Of XY. Inc.
(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)
KY 3. 6(-12938)6
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/15/97 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
30 Magnolia Dunes Circle St. Augustine F
(Principal office address)
Same
(Current mailing address)
employee lives there
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Name and street address of Florida registered agent: (P.Q. Box NOT acceptable)
Name: Tyler Averdick
ffice Address: 30 Magnolia Dunes Circle
St. Augustine, Florida 32000 (City), Florida 32000
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rither 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:	11
A. DIRECTORS	FILED
Chairman: N/A	08 JUN 23 PM 3:54
Address:	SECRETARY OF STATE TAIL AHASSEE, FLORIDA
	THIMSSEE, FLORIDA
Vice Chairman:	
(i di di di
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(
Address:	
$\sim 1/\rho$	
Director: // / //	· -
Address:	
B. OFFICERS	
President: Terry Averdick	· <u>-</u> -
Address: 2504 Kingston CT	
V; 11a H; 11s , KY 41017	#N# n n
Vice President: <u>Gerard Tenkins</u>	
Address: 8625 Marais Dr.	
Union, KY, 4109/	
Secretary: Therese Nordmexer	
Address:	Florence XY41042
Treasurer: \mathcal{N} \mathcal{A}	,
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13. Levy Market	1. 10. 21. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
(Signature of Director or Officer listed in number 12 of	the application)
14. (Typed or printed name and capacity of person signing	g application)
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Commonwealth of Kentucky Trey Grayson, Secretary of State

6/17/2008

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov **Certificate of Existence**

8 JUN 23 PM 3:54 ECRETARY OF STATE

Authentication Number: 65960 Jurisdiction: Florida, Dept. of State

Visit http://apps.sos.kv.gov/business/obdb/certvalidate.aspx_to authenticate this certificate.

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,

TAS.A. OF KY, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is December 20, 1995 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 17th day of June, 2008.



Tray Grayson

Trey Grayson Secretary of State Commonwealth of Kentucky 65960/0409307