# F0800000395/

(Requestor's Name)		
(Address)	<del></del>	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT I	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SEP 11 2008 D. A. WHITE

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: ANODYNE SERVICES, INC.  (Name of corporation - must include suffix)				
(Name of corporation - 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 m	natter to the following:			
JOHN AARON FRY				
(Name of Person)				
ANGDYNE SERVICES, INC. (Firm/Company)				
Po Box 176056				
	Address)			
Colington, KY 41017				
Po Box 176056  (Address)  Covington, Ky 41017  (City/State and Zip code)				
For further information concerning this matter, please call:				
John Agron Fry at (513) 233-5243 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations Clifton Building				
2661 Executive Center Circle	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	S78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certificate of Status & Certified Copy			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2008

JOHN AARON FRY ANODYNE SERVICES, INC. PO BOX 176056 COVINGTON, KY 41017

SUBJECT: ANODYNE SERVICES, INC.

Ref. Number: W08000039776

We have received your document for ANODYNE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Letter Number: 308A00047504

Dale White Regulatory Specialist II

# 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 co	Proporation; must include "INCORPORATED," "Corp.," "Inc.," "Co.," or "Corp.")	OMPANY," "CORPORATION,"
,	•	ted for the purpose of transacting business in Florida)
2. KENTUCK	33.	74-3184593
_		•
47/	5	PERSETUAL  uration: Year corp. will cease to exist or "perpetual")
(Date	of incorporation) (Du	ration: Year corp. will cease to exist or "perpetual")
6N/	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, I	F.S., to determine penalty liability)
7. <u>3951</u>	MADISON PIKE / Po Box (Principal office address)	176056
	· ·	The state of the s
Covin	(Current mailing address)	· Ma p
		# 33 B
8. <u>                                     </u>	of corporation authorized in home state or country	the he comind out in state of Pleade
	t address of Florida registered agent: (P.O. Bo	
Name:	KELLY R. FRY	-
Office Address:	1370 70TH STREET NORTH	_
		Florida 33710-5334
	St. Peters Burg (City)	(Zip code)
designated in this further agree to co	ed as registered agent and to accept service of application, I hereby accept the appointment apply with the provisions of all statutes relative with and accept the obligations of my position.	f process for the above stated corporation at the place as registered agent and agree to act in this capacity. I we to the proper and complete performance of my duties 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	FILED	
Chairman: JOHN ANCON FRY	· · · · · · · · · · · · · · · · · · ·	
Address: 3153 Brookwood Drive	SEP	
EDGEWOOD, KY 41017	A 8:33	
Vice Chairman:	004.	
Address:		
	,	
Director:		
Address:		
Audiess.		
Director		
Director:		
Address:		
B. OFFICERS		
President: John Aron Fry		
EDGEWOOD, KY 41017		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional additional actions and addendum to the application and additional actions are also as a second action and addendum to the application and additional actions are also as a second action and addendum to the application and additional actions are also actions and actions are also actions are also actions and actions are also actions are also actions and actions are also actions are also actions are also actions and actions are also actions and actions are also actions and actions are also actions are also actions and actions are also actions and actions are also actions are also actions are also actions and actions are also actions are also actions and actions are also actions are also actions are also actions and actions are also actions actions are also actions are also actions actions are also actions actions are also actions are also actions are also actions are also actions actions actions actions actions actions are also actions actions actions actions actions actions actions actions actions	tional officers and/or directors.	
13.	1	
(Signature of Director or Officer listed in number 12 of the	,	
14. JOHN ARON FRY PRESIDENT / CHAIRMAN  (Typed or printed name and capacity of person signing application)		

9/2/2008

## Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

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

### **Certificate of Existence**

Authentication Number: 69314 Jurisdiction: Florida Secretary of State

Visit http://apps.sos.ky.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,

## ANODYNE SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is July 11, 2006 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 September, 2008.



Trey Grayson Secretary of State Commonwealth of Kentucky