

F08000004006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

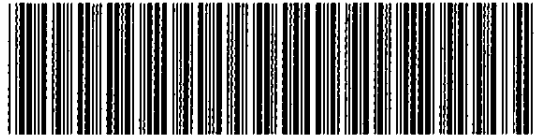
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/04/08--01025--006 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 SEP 15 PM 3:53

APPROVED  
AND  
FILED

W08-41189

am 9/15/08

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Kona Ice of Central KY, Inc

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Emerie Bower

(Name of Person)

Kona Ice of Central KY, Inc

(Firm/Company)

1212 Stratford Road

(Address)

Maitland, FL, 32751

(City/State and Zip code)

For further information concerning this matter, please call:

Emerie Bower

(Name of Person)

at ( 859 ) 519-9208

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2008

RHONDA BOWER  
PO BOX 23825  
LEXINGTON, KY 40523

SUBJECT: KONA ICE OF CENTRAL KY, INC.  
Ref. Number: W08000041189

We have received your document for KONA ICE OF CENTRAL KY, INC. 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Please return the corrected 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 908A00048766

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

**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. Kona Ice of Central KY, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Kona Ice of Central FL

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 26-1922066

(FEI number, if applicable)

4. 2/6/08

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1212 Stratford Road Maitland, FL 32751

(Principal office address)

1212 Stratford Road Maitland, FL 32751

(Current mailing address)

8. mobile vending, pre-packaged ice cream sales, shaved ice sales

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Emerie Bower

Office Address: 1212 Stratford Road

Maitland

(City)

, Florida 32751

(Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Tom Bower

Address: 400 Windom Lane  
Nicholasville, KY 40356

Vice Chairman: Rhonda Bower

Address: 400 Windom Lane  
Nicholasville, KY 40356

Director: Emerie Bower

Address: 1212 Stratford Road  
Maitland, FL 32751

Director: Tom Bower II

Address: 380 Windom Lane  
Nicholasville, KY 40356

**B. OFFICERS**

President: Tom Bower

Address: 400 Windom Lane  
Nicholasville, KY 40356

Vice President: Emerie Bower

Address: 1212 Stratford Road  
Maitland, FL 32751

Secretary: Tom Bower II

Address: 380 Windom Lane, Nicholasville, KY 40356

Treasurer: Rhonda Bower

Address: 400 Windom Lane, Nicholasville, KY 40356

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Emerie Bower, Vice President  
(Signature of Director or Officer listed in number 12 of the application)

14. Emerie Bower, Vice President

(Typed or printed name and capacity of person signing application)

**Commonwealth of Kentucky  
Trey Grayson, Secretary of State**

9/12/2008

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: 89793

Jurisdiction: Emerie Bower

Visit <http://apps.sos.ky.gov/business/obdb/certvaldate.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,

**KONA ICE OF CENTRAL KY, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is February 6, 2008 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 12th day of September, 2008.

SECRETARY OF STATE  
TAMM HASSLER, FLORIDA

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APPROVED  
AND  
FILED



*Tn6z*  
Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
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