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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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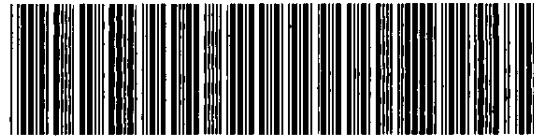
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

MRS  
2/16

## COVER LETTER

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

**SUBJECT:** Neace Lukens, 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," or "Certificate of Good Standing" 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:

Kris Diebold

Name of Person

Neace Lukens, Inc.

Firm/Company

2305 River Rd.

Address

Louisville

City/State and Zip code

kris.diebold@neacelukens.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Diebold

at (502) 259-9240

Name of Person

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

**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. Neace Lukens, 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)
2. Kentucky 3. 61-1200821  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/8/1991 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2305 River Rd. Louisville, KY 40206  
(Principal office address)
- (Current mailing address)
8. Insurance Agency  
(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: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324  
(City) (Zip code)

**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.*

C T Corporation System

By: Asheley Dupes - Asst. Secy

(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: John Neace

Address: 2305 River Rd. Louisville, KY 40206

Vice President: Gerald Budde

Address: 2305 River Rd. Louisville, KY 40206

Secretary: Gerald Budde

Address: 2305 River Rd. Louisville, KY 40206

Treasurer: Gerald Budde

Address: 2305 River Rd. Louisville, KY 40206

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

13. Gerald B. Budde

(Signature of Director or Officer listed in number 12 of the application)

14. Gerald Budde, VP/Sec/Treas

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

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Trey Grayson  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 93068  
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,

**NEACE LUKENS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is May 8, 1991 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 8<sup>th</sup> day of February, 2010, in the 218<sup>th</sup> year of the Commonwealth.



*TG*  
Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
93068/0286138