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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 MAR 30 PM 1:





COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Kingery Enterprises Inc.	
•	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact business.	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	tter to the following:
Stephen E. Davis	
Name	of Person
Kingery Enterprises Inc.	
Firm/C	ompany
916 Westchester Way	
Ad	dress
Richmond Ky 40475	
City/State	e and Zip code
steve@davishylton.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Stephen E. Davis, accountant at (859	₎ 986-1717
	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
✓ \$70.00 Filing Fee	□ \$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

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. Kingery	/ Enterpri	ses Inc.				
(Enter na "Inc.," "C	ame of cor Co.," "Cor	rporation; must include "INCORPORAT! rp." "Inc." "Co." or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
(If name	unavailal	ole in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	in Florida)	
		·			,	
2. Kentuc	country u	nder the law of which it is incorporated)	. 3.	30-0404460 (FEI number, if applicable)	***************************************	
4. 12-22-0						
4. <u>/L.L.</u>		of incorporation)	5,	(Duration: Year corp. will cease to exist or "p	erpetual")	
د Upon a	cknowle	dgement letter or 4-1-10 whichever is	lete	er er		
0. <u></u>		(Date first transacted busing	ss i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 916 Wes	stchester	Way Richmond Ky 40475				
·· ···		(Principal office	add	ress)		
916 We	stcheste	r Way Richmond Ky 40475				
***************************************	······································	(Current mailing	add	lress)		
g. Real Es	state Con	sulting				
			ar ce	ountry to be carried out in state of Florida)	Σ <u>ζ</u>	
9 Name a	ind street	address of Florida registered agent:	(P.0	D. Box NOT acceptable)	ĒΞ	HAR.
		·	ζ	and the second of the second o	AS TO	20 (2)
N	ame:	Neil Kingery			%	ä
Office Ade	dress:	C/O SunTrust Bank 200 S. Orange	Ave	nue	- 12-C	_5
		Orlando		Florida 32862	O.S.	PH 1: 00
		(City)		, Florida 32862 (Zip code)	£ġ	<u>ö</u>
10 P!-	Laua	antte accomtance			حند	ਹਾ
Having be designated further ag	en name d in this c cree to co	application, I hereby accept the appo	inti les i	ice of process for the above stated corporal ment as registered ugent and agree to act it relative to the proper and complete perforn osition as registered agent.	u this capacity	,. I
	دند ب	Registered agent's signal	1_			
		(Registered agent's signal	urc	}		

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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APPHOVED AND FILED

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

A. DIRECTORS	10 MAR 30 pu	
Chairman: Neil Kingery	10 MAR 30 PM	1: {
Address: 916 Westchester Way	SECRETARY OF S TALLAHASSEE FLO	STATI
Richmond Ky 40475	, E()AID
ice Chairman:		
Address:		
	Marries (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)	
irector:		
ddress:		
rector:		
idress:		
OFFICERS		
esident: Nell Kingery	PF-FF 4	
tdress: 916 Westchester Way	-	
Richmond Ky 40475		
ce President:	The state of the s	
ddress:		
cretary:		
ldiess:		
éasurer:		
ddress:		
OVER 16 management and an add the state of t	ta a a para at a a a	
OTE: If necessary, you may attach an addendum to the application listing additional offi		
3. V W Kungang (Signature of Director or Officer listed in number 12 of the application)	on)	
Neil Kingery, President & Director		
(Typed or printed name and capacity of person signing application)	

APPHOVED AND FILED

Commonwealth of Kentucky Trey Grayson, Secretary of State

10 MAR 30 PM 1: 06 SECRETARY OF STATE

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: 95719

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,

KINGERY ENTERPRISES INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is December 22, 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 25th daylof March, 2010, in the 218th year of the Commonwealth



Trey Grayson
Secretary of State
Commonwealth of Kentucky
95719/0653493