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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

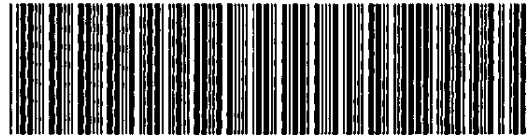
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 8 2011

OKed per A.J.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MORGAN & POTTINGER, P.S.C.
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:

BRIAN CUBBAGE

Name of Person

MORGAN & POTTINGER, P.S.C.

Firm/Company

204 E. MARKET STREET

Address

LOUISVILLE, KY 40202

City/State and Zip code

bcubbage@morganandpottinger.com

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

For further information concerning this matter, please call:

BRIAN CUBBAGE

Name of Person

at (502) 572-7062

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

The transaction was completed successfully. The Certificate of Existence / Authorization for MORGAN & POTTINGER, P.S.C. is now ready for viewing and printing.

You can print this page to use as your receipt for payment.

[View/Print this certificate \(PDF\)](#)

Certificate number	115962
Jurisdiction	Florida Department of State
Certificate Type	Certificate of Existence / Authorization
Certificate Date	7/25/2011
Company	MORGAN & POTTINGER, P.S.C.
Company ID	0266071.09.99999
Charge	\$10.00
Payment Type	Credit Card
Accounting ID	2608125.3502362
Credit Card Transaction ID	8477462
Credit Card Authorization	153900
Certificate Web Address	http://app.sos.ky.gov/corpcertificates/62/2011072500115962.pdf

To order another certificate of this type for a different jurisdiction, click here. DO NOT click the back button if you are attempting to order another document.

Note: If your browser settings allow third party cookies, returning to this page within the next seven days will allow you to view this receipt and download your certificate again. If your browser does allow cookies, you may click [here](#) to list all certificates of this type that you have ordered in the last seven days for this particular company.

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.

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TALLAHASSEE, FLORIDA

1. MORGAN & POTTINGER, P.S.C.

(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

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

3. 61-1170199

(FEI number, if applicable)

4. NOVEMBER 30, 1989

(Date of incorporation)

5. PERPETUAL

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

6. _____

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

7. 601 W. MAIN STREET, LOUISVILLE, KY 40202

(Principal office address)

601 W. MAIN STREET, LOUISVILLE, KY 40202

(Current mailing address)

8. PROFESSIONAL SERVICES

(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: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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.



(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.

Assistant Secretary
Katie Markowski

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

A. DIRECTORS

Chairman: JOHN T. MCGARVEY

Address: 601 W. MAIN STREET
LOUISVILLE, KY 40202

Vice Chairman: NONE

Address: _____

Director: SEE ATTACHED LIST OF DIRECTORS.

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN T. MCGARVEY

Address: 601 W. MAIN STREET
LOUISVILLE, KY 40202

Vice President: NONE

Address: _____

Secretary: M. DEANE STEWART

Address: 601 W. MAIN STREET, LOUISVILLE, KY 40202

Treasurer: NONE

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. JOHN T. MCGARVEY, CHAIRMAN

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

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TALLAHASSEE, FLORIDA

**MORGAN & POTTINGER, P.S.C.
DIRECTORS**

NAME	ADDRESS
M DEANE STEWART	601 W. MAIN STREET, LOUISVILLE, KY 40202
JOHN T MCGARVEY	601 W. MAIN STREET, LOUISVILLE, KY 40202
THOMAS C FENTON	601 W. MAIN STREET, LOUISVILLE, KY 40202
GARRET B HANNEGAN	601 W. MAIN STREET, LOUISVILLE, KY 40202
JAMES I MURRAY	133 W SHORT STREET, LEXINGTON, KY 40507
SCOTT T RICKMAN	133 W SHORT STREET, LEXINGTON, KY 40507
T SCOTT WHITE	133 W SHORT STREET, LEXINGTON, KY 40507
JOHN A MAJORS	601 W. MAIN STREET, LOUISVILLE, KY 40202
MELINDA T SUNDERLAND	601 W. MAIN STREET, LOUISVILLE, KY 40202
EMILY H COWLES	133 W SHORT STREET, LEXINGTON, KY 40507

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TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

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

Certificate of Existence

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Authentication number: 115962
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MORGAN & POTTINGER, P.S.C.

is a professional service corporation duly organized and existing under KRS Chapter 14A and KRS Chapter 274, whose date of organization is November 30, 1989 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 274.105 and KRS 14A.6-010 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 day of July, 2011, in the 220th year of the Commonwealth.



Elaine N. Walker

Elaine N. Walker
Secretary of State
Commonwealth of Kentucky
115962/0266071