Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		•	

FOREIGN PROFIT/NONPROFIT CORPORATION

Cultural Resource Analysts, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

11/7/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: New Filing Section Division of Corporations					
Puls of Donner Andrew Pre					
SUBJECT: Name of corporation - must include suffix					
·					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact business.	tanding" and check are submitted to register the				
Please return all correspondence concerning this mat	ter to the following:				
RaSonda D. Smith					
Name	of Person	-			
Cultural Resource-Analysts, Inc.		_			
Firm/Company					
151 Walton Avenue					
Ad	ktress				
Lexington, KY 40508					
City/State	e and Zip code		•		
rsmidh@crai-ky.com	ed for future annual report notification)				
E-man address: (to be use	ed too future annual report notification)				
For further information concerning this matter, pleas	e call:				
RaSonda D. Smith, 859	. 262 4727	2011). 		
Name of Person Are	252-4737 ea Code & Daytime Telephone Number	*			
THIRD OF CISCH	Code to Day mile 100 phone 100 miles	7	47. 47.		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	2011 NOV -7 PH 12: 42			
New Filing Section	New Filing Section	<u> </u>			
Division of Corporations	Division of Corporations P.O. Box 6327	-:2			
Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	Tallahassee, FL 32314	5			
Enclosed is a check for the following amount:					
S70.00 Filling Fee S78.75 Filling Fee & Certificate of Status	\$78.75 Fiting Fee & S87.50 Filing Fee. Certificate of Status	: &			

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 Cultural Resource Analysts, Inc.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," "Corp," "Inc.," "Corp.")						
	Alf annu paratalle	bla in Florida unto alternata consecta no	una	adopted for the purpose of transacting business in Florida)			
	•	iote in ritorida, enter allemate corporate na		,			
2.	Kentucky (State or country under the law of which it is incorporated)		_3.	61-1036720			
	(State or country)	under the law of which it is incorporated)		(FEI number, if applicable)			
4.			5.	perpetual			
	(Date	of incorporation)		(Duration: Year cosp. will cease to exist or "perpetual")			
6.							
				n Florida, if prior to registration)			
		(SEE SECTIONS 607.1501 & 60	7.1.	502, F.S., to determine penalty liability)			
7.	151 Walton Aven	ne Lexington, KY 40508					
		(Principal office	add	ress)			
	151 Walton Aven	ue Lexington, KY 40508					
		(Current mailing	add	ress)	20	اب عر	
						J. ATSTON	
8.		rforming survey work in the state of Floric			VON 1102	25	
	(Purpose(s	of corporation authorized in home state of	it ci	nuntry to be carried out in state of Florida)	1	육급	
9.	Name and stree	<u>1 address</u> of Florida registered agent: ((P.C). Box <u>NOT</u> acceptable)	7 9	- E-M	
	Name:	C T Corporation System			PH 12: 42	umba.	
O	ffice Address:	1200 South Pine Island Road			: 42	-	
		Plantation		, Florida			
		(City)		(Zip code)			

10. Registered agent's acceptance:

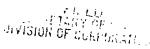
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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

Katie Szramek
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duty 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: 2011 NOV -7 PM 12: 42 A. DIRECTORS Chairman: _ Vice Chairman: Address: Charles M. Niquette Director: 294 S. Ashland Avenue Lexington, KY 40502 Director: Garland F. Niquelte 294 S. Ashland Avenue Address: Lexington, KY 40502 B. OFFICERS President; Charles M. Niquette Address: 294 S. Ashland Avenue Lexington, KY 40502 Vice President: Secretary: Garland F. Niquette Address: 294 S. Ashland Avenue Lexington, KY 40502 Treasurer: Garland F. Niquette Address: 294 S. Ashland Avenue Lexington, KY 40502 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) attirms 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. Garland F. Niquette-Secretary/Treasurer

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

FILLS BYISION OF BURE SAFE

2011 NOV - 7 PM 12: 42

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

Authentication number: 119457

Visit https://app.sos.ky.gov/ftshow/certyalidate.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,

CULTURAL RESOURCE ANALYSTS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is August 19, 1983 and whose period of duration is perpetual.

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 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 7th day of November, 2011, in the 220th year of the Commonwealth.



Elaine N. Walker Secretary of State Commonwealth of Kentucky 119457/0180790

M. Waller