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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificate	es of Status					
Special Instructions to Filing Officer:						
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Office Use Only



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Ps 3/2/12

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: First Technology C	Capital, I	nc.	
Name of	corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate o above referenced foreign corporation to trans-	f Good Stan	ding" and check are submi	
Please return all correspondence concerning	g this matter	to the following:	
Rita Carpenter			
	Name of	Person	
First Technology Capital, In	C.		
	Firm/Com	pany	
P.O. Box 804			
	Addre	ess	
Versailles, KY 40383			
	City/State a	nd Zip code	_
rita@ftc-us.com			
E-mail address: (to be used f	or future annual report not	ification)
For further information concerning this mat	ter, please c	all:	
Rita Carpenter at	859	873-9905	
Name of Person		Code & Daytime Telephon	e Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADI New Filing Secti Division of Corp P.O. Box 6327 Tallahassee, FL	on orations
Enclosed is a check for the following amoun	nt:		
\$70.00 Filing Fee \$78.75 Filing For Certificate of S		\$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.

	logy Capital, Inc.				-
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
, ,					
FTC, Inc.					
(If name unavai	lable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in	Florida)	'
2. Kentucky		3.	61-1238560		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 04/12/93		5.	Perpetual		
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perp	petual")	
6. <u>3/1/12</u>					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
2000 Teou		7,1,	502, 1.3., to determine penalty hability)		
7. 3060 110y	Pike, Versailles, KY 40383 (Principal office	add	recc)		•
P O Boy S	304, Versailles, KY 40383		ivaa,		
F.O. BOX	(Current mailing		recc)		
	(Curron maning			12	PV.
_{8.} Banking					ECR
	s) of corporation authorized in home state o	r cc	ountry to be carried out in state of Florida)		, SEA
9. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	o	. 200 7.20 7.20 1.20 1.20 1.20 1.20 1.20 1.20 1.20 1
	James L. Bates			PM 1: 00	- POR - S- MO
Name:	James L. Dates			: 0	AIK
Office Address:	4751 Gulfshore Blvd. N., No.	50	· ·	0	150 A
	Naples		, Florida 34103		
	(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.

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.

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	***************************************		
Chairman:	12 MAR - I PM 1: 00		
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: James L. Bates			
Address: 4751 Gulfshore Blvd. N., No. 507			
Naples, FL 34103			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors		
1 A fat			
U Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 1 are true and that he or she is aware that false information submitted in a doc third degree felony as provided for in s.817.155, F.S.			

14. James L. Bates, President
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State 12 MAR - 1 PM 1: 00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 123070

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

FIRST TECHNOLOGY CAPITAL, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is April 12, 1993 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 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 28th day of February, 2012, in the 220th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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