F/2000004615

(Requestor's Name)	
(Address)	70024169255
(Address)	70021100200
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/13/1201026007
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	A sign
Special Instructions to Filing Officer: CORRECTED "NRME" OF CORP.	DATA THE ACT ACT ACT THE ACT THE ACT ACT ACT ACT ACT ACT ACT ACT ACT ACT
CORRECTED "WRME" OF CORP. RNO "ONTE" OF INCORPORATION TO MATCH KENTUCKY CERTIFICATE.	
CERTIFICATE.	: 🏴

Office Use Only

-a 11/14/12

**78.75

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Kidwell Engineering Troc. 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: Sherril Holley Name of Person		
hidwell Engineering, Trc.		
333 East Main Street #501		
LOUISUIL KY 40202 City/State and Zip code		
Sherrill holleye Kidwellengineering.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sherril Holley at (502) 414-4545 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 Certificate of Status & Certificate Of Sta		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. <u>Kidwell Engineering ilm.</u>
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
no., co., co., no, co, et co.p.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. henducky 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-8-2012 5. Peroe una (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)
(Principal office address)
333 East Main Street Suite #501 Lavaille Ku 40202
(Current mailing address)
8. Enginaurina Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporate Filing Solutions, LLC ? ?
Office Address: 155 Office Plaza Deive #A
(City), Florida 3230 (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)
(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:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
Director:	
Address:	7
	<u> </u>
B. OFFICERS	Service Control of the Control of th
President: J. Steven Kidwell	1761
Address: 5402 Barberry Circle.	<u> </u>
Address: 140 A 140 (2)	
	E.J. (1881)
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	P
NOTE: If necessary, you may attach an addendum to the application listing add	ittional officers and/or directors.
13. Signature of Director or Officer	
The officer or director signing this document (and) who is listed in number 12 ab	
are true and that he or she is aware that false information submitted in a docume third degree felony as provided for in \$.817.155, F.S.	nt to the Department of State constitutes a
14. Steve Kidwell - President/Chi	lef Clertural Engineer
(Typed or printed name and capacity of person staning	application)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

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: 130833

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,

KIDWELL ENGINEERING, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 8, 2012 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 5th day of October, 2012, in the 221st year of the Commonwealth.

12 NOV 13 FH 3: 21

CONTACT OF THE PARTY OF THE PAR

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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