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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

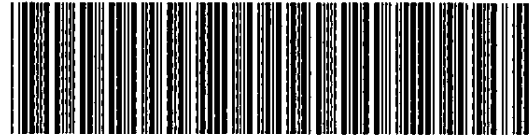
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Certified Energy Solutions, Inc

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:

Chris Curry

Name of Person

Certified Energy Solutions, Inc

Firm/Company

510 Henry Veech Rd

Address

Finchville, KY 40022

City/State and Zip code

kwhsave@yahoo.com

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

For further information concerning this matter, please call:

Chris Curry

Name of Person

at ( 502 ) 471-4801

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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. **Certified Energy Solutions, Inc**

(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. **27-1880593**

(FEI number, if applicable)

4. **2/9/2010**

(Date of incorporation)

5. **perpetual**

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

6. **no transactions**

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

7. **510 Henry Veech Rd, Finchville, KY 40022,**

(Principal office address)

**18 Village Plaza, PMB230, Shelbyville, KY 40065**

(Current mailing address)

8. **For Profit- Licensed Electrical Contractor**

(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: **NRAI Services, Inc.**

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.*

*ATTACHED*

(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.

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**ACCEPTANCE OF REGISTERED AGENT**

*Having been named as registered agent and to accept service of process for Certified Energy Solutions, Inc. at the place designated in this application, NRAI Services, Inc. hereby accepts the appointment as registered agent and agrees to act in this capacity. NRAI Services, Inc. further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent.*

*NRAI Services, Inc.*

By *Cathi J. Wall*  
*Cathi J. Wall, Asst. Secy.*

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TALLAHASSEE FLORIDA**

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

**A. DIRECTORS**

**FILED**

Chairman: Chris Curry

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Address: 510 Henry Veech Rd  
Finchville, KY 40022

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Kyle King

Address: 6711 Rest Way

Prospect, KY 40059

Director: Scott Burba

Address: 4110 Bay Pointe Dr

Louisville, KY 40241

**B. OFFICERS**

President: Scott Burba

Address: 4110 Bay Pointe Dr

Louisville, KY 40241

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Kyle King

Address: 6711 Rest Way, Prospect, KY 40059

Treasurer: Chris Curry

Address: 510 Henry Veech Rd

**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. Chris Curry

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

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: 138210

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,

**CERTIFIED ENERGY SOLUTIONS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 9, 2010 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 30<sup>th</sup> day of April, 2013, in the 221<sup>st</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
138210/0756207