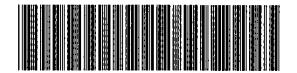
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(Req	uestor's Name)	
· (Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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SECRETARY OF STATE

mD 10/14

#### **COVER LETTER**

	New Filing Section Division of Corporations				
SUBJECT: C & C International, Inc.					
Name of corporation - must include suffix					
Dear Sir	or Madam:				
"Certific	ate of Existence," o	by Foreign Corporation or "Certificate of Good rporation to transact bu	Standing" and che		
Please re	turn all correspond	ence concerning this m	atter to the follow	ing:	
Whitley	H Courtenay				
	•	Name	of Person		
C & C I	nternational, Inc				
		Firm/9	Company f		
5909 Ta	arpon Gardens C	Cir #20 <sup>1</sup> 1			
	*	, A	ddress		
Cape C	oral, FL 33914				
•		, City/Sta	te and Zip code		
whitley	8@earthlink.net	7 11 // // //			-+:6'+:)
		-mail address: (to be us	sed for fature annu	зат героп п	offication)
For furth	er information cond	cerning this matter, plea	ase call:		
\Mhit Cc	ourtenav	.502	\ 551 <sub>-</sub> 2011	2	
	Whit Courtenay at (502) 551-2013  Name of Person Area Code & Daytime Telephone Number				one Number
			•	•	
1 1 0 2	STREET/COURIE New Filing Section Division of Corpora Clifton Building 2661 Executive Cen Fallahassee, FL 32	tions ter Circle	Nev Div P.O	ILING AI v Filing Sec ision of Co . Box 6327 lahassee, Fl	ction rporations
Enclosed	is a check for the f	following amount:			
\$70.0	00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filin Certified Co	-	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		STATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA	0
C & C Intern	ational, Inc.		. 1
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	2 (
	national FL Inc.	7-	
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flori	da)
2. Kentucky	:	<sub>3.</sub> 31-1499715	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
January 16,	1997	5. Perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetua	l")
6. Upon Qualifi	ication		
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
7. <mark>5909 Tarpon</mark>	Gardens Cir #201, Cape Coral, Fl	_ 33914	
	(Principal office ac	ddress)	
5909 Tarpon	Gardens Cir #201, Cape Coral, F	<del></del>	
	(Current mailing ac	ddress)	
8. Real Estate	Property Management		
(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of Florida)	
9. Name and stre	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	Whitley H Courtenay		
Office Address:	5909 Tarpon Gardens Cir #201		
	Cape Coral	, Florida 33914	
	(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:	
A. DIRECTORS	Ž# <b>3</b>
Chairman:	<u> </u>
Address:	303
	7 P FF
Vice Chairman:	2: <b>43</b>
Address:	回 C C C C C C C C C C C C C C C C C C C
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Whitley H Courtenay	
5000 T O O'. #004 O O Ft 00044	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers  13.	and/or directors.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.	at the facts stated herein
14. Whitley H Courtenay, President	

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

13 OCT 11 PM

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** 

PM 2: 43

Authentication number: 143969

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> 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,

#### C& CINTERNATIONAL, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 16, 1997 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 8<sup>th</sup> day of October, 2013, in the 222<sup>nd</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

143969/0427134