

FK1000001535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800256662338

02/18/14--01024--011 **87.50

800256662338
04/08/14--01012--021 **1550.00

FILED
14 APR -4 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-10889

MD 4/8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Eden Data Processing, 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:

Bobby Shook

Name of Person

Eden Data Processing, Inc.

Firm/Company

3245 Loch Ness Drive

Address

Lexington, KY 40517

City/State and Zip code

Bshook@winterwoodonline.com

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

For further information concerning this matter, please call:

Bobby Shook

Name of Person

at (859) 276-5388

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 ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

BOBBY SHOOK
EDEN DATA PROCESSING, INC.
3245 LOCH NESS DRIVE
LEXINGTON, KY 40517

SUBJECT: EDEN DATA PROCESSING, INC.
Ref. Number: W14000010889

We have received your document for EDEN DATA PROCESSING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 014A00003762



Our People, First.

February 26, 2014

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: Eden Data Processing Inc.

The nature of business for Eden Data Processing Inc. is a common paymaster. If you have any questions please feel free to contact me at 859-977-6922.

Sincerely,

Bobby Shook

Director of Risk Management





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

BOBBY SHOOK
EDEN DATA PROCESSING, INC.
3245 LOCH NESS DRIVE
LEXINGTON, KY 40517

SUBJECT: EDEN DATA PROCESSING, INC.
Ref. Number: W14000010889

We have received your document for EDEN DATA PROCESSING, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,550.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 014A00003762

**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

FILED
14 APR - 4 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Eden Data Processing, 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. **61-1230150**

(FEI number, if applicable)

4. **4-13-1995**

(Date of incorporation)

5. **Perpetual**

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

6. **5-20-2007**

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

7. **3245 Loch Ness Drive Lexington, KY 40517**

(Principal office address)

3245 Loch Ness Drive Lexington, KY 40517

(Current mailing address)

8. **COMMON PAYMASTER**

(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:

Carol Worsham

Office Address:

38520 86th North Street

Pahokee

(City)

33476

(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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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14 APR - 4 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Carol Worsham

Address: 3245 Loch Ness

Lexington, KY 40517

Vice President: _____

Address: _____

Secretary: _____

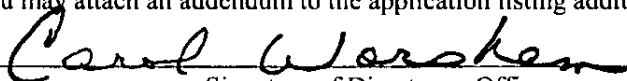
Address: _____

Treasurer: _____

Address: _____

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. Carol Worsham

(Typed or printed name and capacity of person signing 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

FILED
14 APR -4 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authentication number: 147866
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,

EDEN DATA PROCESSING, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is April 13, 1995 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 14th day of February, 2014, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
147866/0345388