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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			
Special Instructions to Filing Officer:					
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		-			

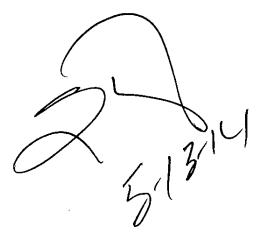
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COVER LETTER

TO:	New Filing Sect Division of Corp	orations			ę.
SUBJ	ECT: L-M F	loldings, Inc.			
Name of corporation - must include suffix					
Dear S	ir 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 correspo	ondence concerning th	is matte	r to the following:	
She	lley A. Kid	der			
	· · ·	1	lame of	Person	
Ree	ed Weitkam	np Schell & V	ice P	LLC	
		F	irm/Com	pany	
500	W. Jeffers	on St., Ste. 2	2400		
			Addre	ess	
Lou	isville, KY	40202			
		Cit	//State a	nd Zip code	
rma	rtin@atscon	struction.com			
		E-mail address: (to	be used f	for future annual report r	otification)
For fur	ther information of	oncerning this matter	please	eall:	
She	lley A. Kid	der ".	502	, 589.1000	
	Name of Person	<u>.</u>		Code & Daytime Teleph	one Number
	STREET/COUNTY New Filing Section of Corporation of Corporation Building 2661 Executive County Tallahassee, FL	orations Center Circle		MAILING A. New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations
Enclos	ed is a check for the	ne following amount:			
5 \$70	0.00 Filing Fee	□ \$78.75 Filing Fee Certificate of Sta		\$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.

L-M Hol	dings, Inc.					
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	ئىيىتى. ئالى				
L-M Hold	ings FL, Inc.					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
_{2.} Kentucky	3.	61-1218512				
(State or country i	under the law of which it is incorporated)	(FEI number, if applicable)				
4. March 31	, 1992 _{5.}	Perpetual				
(Date of incorporation)		(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)						
3009 Atkinson Avenue, Suite 400, Lexington, KY 40509						
(Principal office address)						
3009 Atkinson Avenue, Suite 400, Lexington, KY 40509						
(Current mailing address)						
8. Serving as General Partner of a foreign limited partnership						
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						
9. Name and stree	t address of Florida registered agent: (P.0	D. Box NOT acceptable)				
Name:	NRAI Services, Inc.					
Office Address:	1200 South Pine Island I	Rd.				
	Plantation	. Florida 33324				
	(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 Chairman: Steve Lawson Address: 3009 Atkinson Avenue Lexington, KY 40509 Vice Chairman: Address: Address: Address: **B. OFFICERS** President: Steve Lawson Address: 3009 Atkinson Avenue Lexington, KY 40509 Brian Billings, Harry Burchett and James York Vice President: Address: 3009 Atkinson Avenue Lexington, KY 40509 Secretary: Paul Corum, III Address: 3009 Atkinson Avenue, Lexington, KY 40509 Treasurer: J. Rodney Martin Address: 3009 Atkinson Avenue, Lexington, KY 40509 NOTE: If necessary, you may attach an addendum to the application listing additional officers 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 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. J. Rodney Martin, CFO

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: 149890

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,

L-M.HOLDINGS, INC.

is a corporation duly-incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 31, 1992 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 17th day of April, 2014, in the 222nd year of the

Commonwealth.\\

CONTACT OF THE PARTY OF THE PAR

Alison Lundergan Grimes Secretary of State

Commonwealth of Kentucky

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