# 1400003596

(Re	questor's Name)	<u> </u>
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Certified Copies	_ Certificate	s of Status
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Office Use Only

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# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: The inkspot inc		
Name of corporat	tion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are subn	
Please return all correspondence concerning this ma	atter to the following:	
Donald L Ware Jr		
Name	of Person	
The inkspot inc.		
Firm/0	Company	
545 South Limestone		
A	ddress	
Lexington, KY 40508		
City/Sta	te and Zip code	
donald@inkspotusa.com		
E-mail address: (to be us	sed for future annual report no	otification)
For further information concerning this matter, plea	ase call:	
Donald Ware at (859	255-7030	
	rea Code & Daytime Telepho	ne Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tall ahassee, FL 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
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



April 21, 2014

DONALD L. WARE JR. 545 SOUTH LIMESTONE LEXINGTON, KY 40508

SUBJECT: FISHWARE OUTFITTERS CORPORATION

Ref. Number: W14000025213

We have received your document for FISHWARE OUTFITTERS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 514A00008481

www.sunbiz.org

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May 20, 2014

DONALD L. WARE JR. 545 SOUTH LIMESTONE LEXINGTON, KY 40508

SUBJECT: FISHWARE OUTFITTERS CORPORATION

Ref. Number: W14000025213

We have received your document for FISHWARE OUTFITTERS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 514A00008481

www.sunbiz.org

# 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.

The Ink Spo	inc.					7 G	
(Enter name of c	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	O," "COM	PANY," "C	ORPORATIO	DN,"	CAHA	NUL
Fishware O	utfitters Inc.					3328	6 P
(If name unavail	able in Florida, enter alternate corporate nan	e adopted	for the purpo	se of transact	ing busin	ess in F	lopida)
	ınty, Kentucky		5-3134		-	200	
	under the law of which it is incorporated)	Perpe		number, if ap	plicable)	<b>D</b> -	<u> </u>
	e of incorporation)		ion: Year con	rp. will cease	to exist o	r "perp	etual")
)•							
545 South Li	(Date first transacted business (SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508	.1502, F.S.	, to determin	e penalty liab	ility)		
· <u> </u>	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508 (Principal office additional contents) (Principal office additional contents)	1502, F.S.	, to determin	e penalty liab	ility)		
· <u> </u>	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508 (Principal office ac	1502, F.S.	, to determin	e penalty liab	ility)		
545 South Li	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508  (Principal office and importance, Lexington, KY 40508  (Current mailing and Retail Sportswear	ddress)	, to determin	e penalty liab			
545 South Li	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508  (Principal office and importance, Lexington, KY 40508  (Current mailing and Retail Sportswear	ddress)	, to determin	e penalty liab			
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Wholesale/F	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508  (Principal office and immestone, Lexington, KY 40508  (Current mailing and Retail Sportswear  s) of corporation authorized in home state or	idress)	, to determine	e penalty liab			
Wholesale/Notesale/No	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508  (Principal office and importance of the component	idress)	, to determine	e penalty liab			
545 South Li  Wholesale/F  (Purpose(s	(SEE SECTIONS 607.1501 & 607 mestone, Lexington, KY 40508  (Principal office and immestone, Lexington, KY 40508  (Current mailing and Retail Sportswear  s) of corporation authorized in home state or eet address of Florida registered agent: (Important of the property of	idress) country to	, to determine	e penalty liab			

### 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)

<sup>11.</sup> 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: Donald L Ware of Address: 545 South Limestone Lexington, KY 40508 Vice Chairman: Address: \_\_\_\_\_ Director: Address: Director: Address: \_ B. OFFICERS President: Donald L Ware Jr Address: 545 South Limestone Lexington, KY 40508 Vice President: Address: Secretary: \_\_\_\_\_ Address: \_\_\_\_\_ Treasurer: Address: 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.

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

Donald L Ware Jr President/CEO

# 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	cretary of State 2. O. Box 718 ort, KY 40602-0718 02) 564-3490  Certificate of Existence	GERE LARY	14 JUN 16	
i uthentication number: 147599 sit <u>https://app.sos.ky.gov/ftshow/certvalidate.aspx</u> to authenticate this certificate.		Elec Elec Elec	¥ 4:	
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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,

### THE INK SPOT, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 6, 1989 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 5<sup>th</sup> day of February, 2014, in the 222<sup>nd</sup> year of the Commonwealth.

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Mison Lundergan Grimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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