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Office Use Only



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COVER LETTER

TO:	New Filing Division of	Section Corporations						
SUBJ	ECT:	Grr	Safety Name of corpo	<u>C</u> c	rporat	ion		
			Name of compo	ration	- must include s	uffix		
Dear Si	ir or Madam:							
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K	Rich Knepfler at (502) 774-6546 Name of Person' Area Code & Daytime Telephone Number							
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July 2, 2014

RICHARD KNEPFLER PO BOX 198029 LOUISVILLE, KY 40259

SUBJECT: ORR SAFETY CORPORATION

Ref. Number: W14000041138

We have received your document for ORR SAFETY 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):

Please complete 11-13 on our application.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 314A00014375

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.

,KY	•	61-0471256	a)
2. (State or country	under the law of which it is incorporated)	(FEI number, if applicable)	*******
4 6/2/1952		Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	')
6			
	(Date first transacted business (SEE SECTIONS 607, 1501, & 607,	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
₂ 11601 Inte	•	e, KY 40229	32 7
<u> </u>	(Principal office ad		ਊ ⊱
PO Box 19	8029 Louisville, KY	40259 <u>§</u>	ישר 10 און 11
	(Current mailing ad	ldress) [7]	
		™. ≌c	
8. Name and stree	t address of Florida registered agent: (P	(.O. Box <u>NOT</u> acceptable)	5: 22
Name:	CT Corporation	·	\sim
Office Address:	1200S Pine Island Rd		
	Plantation	Florida 33324	
	(City)	, Florida (Zip code)	
designated in this further agree to co	ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	vice of process for the above stated corporation at t atment as registered agent and agree to act in this co a relative to the proper and complete performance o of my position as registered agent.	apacity. I

10. 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Clark Vice Chairman: Clack Director: _____ Address: _____ **B. OFFICERS** President: Kaymond Vice President: Hygela Address: Address: _ Treasurer: _ Interchange Dr Louisville, KY 40229 NOTE: If necessary, you pray 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

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

a third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes



Commonwealth of Kentucky 14 JUL 21 PM 5: 22 Alison Lundergan Grimes, Secretary of State

TALLAHASSEE HORIDA

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: 152083

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,

ORR SAFETY CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is June 2, 1952 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 19th day of June, 2014, in the 223rd year of the Commonwealth.



Alison Lundergan Grimes

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Secretary of State

Commonwealth of Kentucky

152083/0038872