

F14000004881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

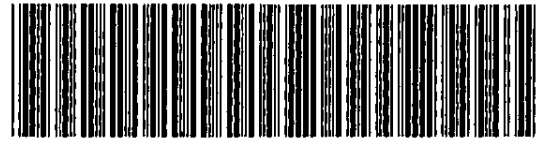
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W14-67453~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 17 PM 2:00

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AND  
FILED

VH

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Frank J. Schaefer 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:

**Kara Kaegebein**

Name of Person

**Frank J. Schaefer Inc.**

Firm/Company

**4716 Pinewood Road**

Address

**Louisville, KY 40218**

City/State and Zip code

**kara@schaefercorpany.com**

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

For further information concerning this matter, please call:

**Anita Massey**

Name of Person

at ( **502** ) **968-1864**

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

November 6, 2014

KARA KAEGEBEIN  
4716 PINWOOD ROAD  
LOUISVILLE, KY 40218

SUBJECT: FRANK J. SCHAEFER INC.  
Ref. Number: W14000067453

We have received your document for FRANK J. SCHAEFER INC. 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 registered agent must sign accepting the designation.

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: 614A00023800

**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.

1. Frank J. Schaefer 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 3. 61-0529710  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/26/1956 5. Perpetual  
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4716 Pinewood Road, Louisville, KY 40218  
 (Principal office address)

Same  
 (Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
 (City) (Zip code)

9. 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.*

C T Corporation System  
 By: James M. Halpin  
 (Registered agent's signature)  
 James M. Halpin  
 Assistant Secretary

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.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 14 NOV 17 PM 2:00  
 APPLICANT AND FILED

11. Names and business addresses of officers and/or directors:

APPROVED  
AND  
FILED

**A. DIRECTORS**

14 NOV 17 PM 2:06

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: F. James Schaefer

Address: 616 Akins Rd

Taylorsville, KY 40071

Vice President: Jesse P. Wilson III

Address: 124 Delmar Road

Mt. Washington, KY 40047

Secretary: N/A

Address: \_\_\_\_\_

Treasurer: N/A

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_

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.

13. F. JAMES SCHAEFER, PRESIDENT

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

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

10/21/2014

Division of Corporations  
Business Filings  
P. O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 156235  
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,

**FRANK J. SCHAEFER, INC.**  
with the assumed name of  
**SCHAEFER GENERAL CONTRACTING SERVICES, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is December 26, 1956 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 271B:16-220 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 21st day of October, 2014.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 17 PM 2:00

APPROVED  
AND  
FILED



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
156235/0046379