

F15000002409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 JUN -2 AM 9:56
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

WLS 38685

Date: 06/03/2015

Account #: I20000000088

Name: ERIC HOOD

Reference #: B066945

ENTITY NAME: STUDIO KREMER ARCHITECTS, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

PLEASE KEEP
ORIGINAL DATE

Authorized Amount: \$70

Signature: Eric Hood

Date: 06/03/2015

Account #: I20000000088

Name: ERIC HOOD

Reference #: B066945

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☐ Fictitious Name
☐ Other: _____

PLEASE KEEP
ORIGINAL
DATE

Authorized Amount: \$ 50

Signature: Eric Hood



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2015

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: STUDIO KREMER ARCHITECTS, INC.
Ref. Number: W15000038685

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

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 915A00011609

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. STUDIO KREMER ARCHITECTS, 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. 31-1506669
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/27/1997 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)

7. 3258 RUCKRIEGEL PARKWAY, LOUISVILLE, KY 40299
(Principal office address)

3258 RUCKRIEGEL PARKWAY, LOUISVILLE, KY 40299
(Current mailing address)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(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.

Jon Rice (Asst. Secretary)
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SCOTT E. KREMER

Address: 3258 RUCKRIEGEL PARKWAY, LOUISVILLE, KY 40299

Director: _____

Address: _____

B. OFFICERS

President: SCOTT E KREMER

Address: 3258 RUCKRIEGEL PARKWAY, LOUISVILLE, KY 40299

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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. Scott Kremer, President

(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

Authentication number: 164364

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,

STUDIO KREMER ARCHITECTS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 27, 1997 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 2nd day of June, 2015, in the 224th year of the Commonwealth.

FILED
15 JUN -2 AM 9:56
TALLmadison, KY



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
164364/0429227