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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number : (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION JONDY CHEMICALS, INC.

Certificate of Status	0
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CO	VER LETTER	÷
TO		
TO: Registration Section Division of Corporations	•	
JONDY CHEMICALS INC.		
SUBJECT: Name of co	rporation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpor "Certificate of Existence" or "Certificate of C	ation for Authorization to Transact Business in Florida Good Standing" and check are submitted to register the	h"
above referenced foreign corporation to transa	act business in Florida.	
Please return all correspondence concerning ti	nis matter to the following:	
	Erin Regan	
	Name of Person	
InCo	orp Services, Inc.	
	irm/Company	
2380 Corp	orate Circle, Suite 400	
Hama	Address Address Address	
	سراء الإنتراطيقي المساوين الم	
	y/State and Zip code Significant Significa	Marriestana Terrindra
	be used for future annual report notification)	
For further information concerning this matter		F * 1
To Totalet Information concerning this matter		W
Erin Regan on behalf of InCorp Services, Inc.	702 866-2500	
Name of Person A	Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
■ \$70.00 Filing Fee ☐ \$78.75 Filing Fee Certificate of Sta		

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HI 5000 a 7 b 8 35 3 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.

"Inc.," "Co.," "(corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED," "CON	1PANY," "CORPORATIO	",ис
	able in Florida, enter alternate corporate na	me adopted	for the purpose of transact	ing business in Florida)
Kentucky		3.		
(State or count	y under the law of which it is incorporated)	(FEI number, if a	applicable)
5/9/1989		5. Perpe	etual	
(Date	of incorporation)	-J	(Date of duration, if other	er than perpetual)
Upon Filing		•	•	• •
4432 W. Hw	(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S	·····	ility)
·····	(SEE SECTIONS 607.1501 & 607.1501	ss in Florida 7.1502, F.S ncipal offic	., to determine penalty liab	:
·····	(SEE SECTIONS 607.1501 & 60 / 80, Somerset, KY 42503 (Pri 50, West Somerset, KY 42564	7.1502, F.S	., to determine penalty liab	ZOIS HOV
P.O. Box 31	(SEE SECTIONS 607.1501 & 60 7 80, Somerset, KY 42503 (Pri 50, West Somerset, KY 42564 (Current m.	7.1502, F.S ncipal offic	., to determine penalty liab e address) ss, if different)	2015 HOV 1 9 SEGRETARY TALLAHASSE
P.O. Box 31	(SEE SECTIONS 607.1501 & 607.800 / 80, Somerset, KY 42503 (Pri 50, West Somerset, KY 42564 (Current met address of Florida registered agent: (7.1502, F.S ncipal offic	., to determine penalty liab e address) ss, if different)	2015 HOY 1 SECRETAR TALLAHASS
P.O. Box 31	(SEE SECTIONS 607.1501 & 607 80, Somerset, KY 42503 (Pri 50, West Somerset, KY 42564 (Current met address of Florida registered agent: (InCorp Services, Inc.	7.1502, F.S ncipal offic	., to determine penalty liab e address) ss, if different)	SECRETARY OF S
P.O. Box 31 Name and stree Name:	(SEE SECTIONS 607.1501 & 607.800 / 80, Somerset, KY 42503 (Pri 50, West Somerset, KY 42564 (Current met address of Florida registered agent: (7.1502, F.S ncipal offic	., to determine penalty liab e address) ss, if different)	2015 HOY 19 A 9 O SECRETARY OF STATE TALLAHAS SEE, FLORIS
P.O. Box 31	(SEE SECTIONS 607.1501 & 607 80, Somerset, KY 42503 (Pri 50, West Somerset, KY 42564 (Current met address of Florida registered agent: (InCorp Services, Inc.	7.1502, F.S	., to determine penalty liab e address) ss, if different)	SECRETARY OF S

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.

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. DIRE	ECTORS		
Chairman:			
Address:			
_			
Vice Chair	rman:		
Address:	· · · · · · · · · · · · · · · · · · ·		
Director: .	Deanna L. Wahlman		
	4432 W. Hwy 80, Somerset, KY 42503		
	· ·		
Address: _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. OFFI			
	Randy C. Wahlman 4432 W. Hwy 80, Somerset, KY 42503		
Address: _		••••	
Vice Dresi	dent		
	dent:	S-1 9	
Audicas		m - 2	745
Secretary:	Deanna L. Wahlman		7
Address:	4432 W Hun 90 Compress KV 42502	20 to 0	,
Treasurer:	Deanna L. Wahlman	W	
Address:	4432 W. Hwy 80, Somerset, KY 42503		
NOTE: 1	If necessary, you may attach an addendum to the application listing a	additional officers and/or directors.	
are true as a third de	Signature of Director or Officer er or director signing this document (and who is listed in number I I and that he or she is aware that false information submitted in a document felony as provided for in s.817.155, F.S. dy C. Wahlman, President		

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

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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: 169988

Visit https://app.sos.kv.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,

JONDY CHEMICALS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 9, 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 12th day of November, 2015, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

169988/0258298

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