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Special Instructions	to Filing Officer:	
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COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJ	ECT: Arnold Co	onsulting Engineering Services	Inc.		
- •		Name of corpora		st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporation e," or "Certificate of Good S n corporation to transact bus	Standing"	and check are sub	
Please	return all corresp	ondence concerning this ma	itter to th	e following:	
Jeff A	mold				
	<u> </u>	Name	of Perso	n	
Arnolo	l Consulting Engine	eering Services, Inc.			
		Firm/C	Company		
P.O. B	ox 1338				
		A	ddress		
Bowli	ng Green KY 4210)2			
		City/Sta	te and Zij	code	
accour	nting@a-ces.com	E-mail address: (to be us	ad for fiv	ura annual ranort	notification)
		E-man address. (to be us	cu ioi iu	ure amiuai report	nouncation)
For fu	rther information	concerning this matter, plea	se call:		
Ioff A	rnold	at (270	\ 7S	:n_9445	
				e Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for	the following amount:			
= \$7	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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	ting Engineering Services, Inc.		
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
, ,	,,,		
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Kentucky 2.	3	20-4454165	
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
March 6, 2006 4.	5.	Perpetual	
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
6. Upon	Registration		
1	(Date first transacted business is	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1136 South Park	Drive, Suite 201, Bowling Green, KY 42103	• • •	
7	(Princi	pal office address)	
P.O. Box 1338,	Bowling Green, KY 42102		200
WEN	(Current maili	ng address, if different)	
		apti Thomas	E FI
8. Name and stre	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	=
Name:	InCorp Services, Inc.	(**) ***	是口
ranio.	17888 67th Court North	——	ē Ģ
Office Address:			08
	Loxahatchee	33470 , Florida	
	(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.

a Brautigam on behalf of InComp Services, Inc.
(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.

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Jeff Arnold President:	
1136 South Park Drive, Suite 201 Address:	
Bowling Green KY 42103	20 5
Vice President:	* 08
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addi	
Signature of Director or Officer	CC About About Co
The officer of director signing this document (and who is listed in number 11 abourer true and that he or she is aware that false information submitted in a document	ve) affirms that the facts stated herein
a third degree felony as provided for in s.817.155, F.S. Jeff Amold, 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: 170866

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,

ARNOLD CONSULTING ENGINEERING SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 6, 2006 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 7th day of December, 2015, in the 224th year of the Commonwealth.



Alison Lundergan Grime

Jundergan Crimus

Secretary of State

Commonwealth of Kentucky

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