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### **COVER LETTER**

TO: Registration Section Division of Corporations					
HOMRA AND HENLEY I	EVELOPMEN	IT CORPO	RATION		
SUBJECT: Name	of corporation	n - must	nclude suffix		
Dear Sir or Madam:					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Sta	anding" a	nd check are sub		
Please return all correspondence concer	ning this matt	er to the f	ollowing:	ر با استو	
Melvin B. Henley				5	
Homra And Henley Development Corporate	Name o	f Person			FIL FB 22
1305 South 16th Street	Firm/Co	mpany	are Assitus moderns	A STATE OF THE STA	<b>3</b> U
Murray, KY 42071-2809	Add	ress			8
melvin@melvinhenley.com	City/State	and Zip o	ode		
E-mail addre	ss: (to be used	for futur	e annual report	notification)	
For further information concerning this	matter, please	call:			
Melvin B. Henley	270 at (	753-	753-3855		
Name of Person	Area Co	de	Daytime Telep	hone Number	
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
\$70.00 Filing Fee \$78.75 Filing Certificate	ng Fee &		5 Filing Fee & ied Copy	\$87.50 Filing Certificate of Certified Co	of Status &

# 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.

(If name unavail	able in Florida, enter alternate corporate name ado	oted for the purpose of transacting	g business in Florida)	
KENTUCKY	3.			
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
AUGUST 19, 1	968			
	e of incorporation)	(Date of duration, if other than perpetual)		
<b>5</b> .				
,	TH STREET, MURRAY, KY 42071-2809D. MIC	F.S., to determine penalty liabilit HAEL	y)	
1	TH STREET, MURRAY, KY 42071-2809D. MIC		ty)	
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1	TH STREET, MURRAY, KY 42071-2809D. MIC	HAEL  ffice address)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	TH STREET, MURRAY, KY 42071-2809D. MIC	HAEL  ffice address)  ddress, if different)	16 FEB 22 SEDRET/SYC PALLAGASSI	
	TH STREET, MURRAY, KY 42071-2809D. MIC (Principal of (Current mailing a	HAEL  ffice address)  ddress, if different)	16 FEB 22 AM SEDRET/SYCE ST	
Name and stree	TH STREET, MURRAY, KY 42071-2809D. MIC (Principal of (Current mailing and et address) of Florida registered agent: (P.O. E	HAEL  ffice address)  ddress, if different)	16 FEB 22 SEARCT/ BY C	
3. Name and stre	(Principal of Current mailing as et address of Florida registered agent: (P.O. E.D. MICHAEL CLOWER, ESQ.	HAEL  ffice address)  ddress, if different)	16 FEB 22 M 8: SERRET/ SYCE STA TALLARASSEL I LOR	

#### 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.

(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.

11. Names	s and business addresses of officers and/or directors:	
A. DIREC	CTORS	
Chairman:	MELVIN B. HENLEY	
1 Address:	305 SOUTH 16TH STREET	
N	/URRAY, KY 42071-2809	
Vice Chairn	SAME AS ABOVE	
110011000.		
Director:	SAME AS ABOVE	
Address: _		
******		
Director: _	SAME AS ABOVE	三条 あ
		图 面 有
		22
B. OFFIC	~ERS	
	MELVIN B. HENLEY	<u> </u>
1	305 SOUTH 16TH STREET	<u> </u>
	MURRAY, KY 42071-2809	
-	SAME AS ABOVE	
Vice Preside	ent:	
Address: _		· · · · · · · · · · · · · · · · · · ·
_	SAME AS ABOVE	
Secretary:	SAME AS ABOVE	
	SAME AS ABOVE	
Address:		
NOTE: If	necessary, you may attach an addendum to the application listing additional officers	and/or directors.
12.	Signature of Director or Officer	
are true and a third deg	r or director signing this document (and who is listed in number 11 above) affirms that d that he or she is aware that false information submitted in a document to the Depart tree felony as provided for in s.817.155, F.S.  VIN B. HENLEY	

(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: 172989

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,

#### HOMRA AND HENLEY DEVELOPMENT CORPORATION

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is August 19, 1968 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 11<sup>th</sup> day of February, 2016, in the 224<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

desgan Orimes

Secretary of State

Commonwealth of Kentucky

172989/0023707