F/6000001127

Office Use Only



500282745665

03/09/16--01014--023 **70.00

FILED

16 MAR -9 MIN: 37

SECRETARY COSTAND

COVER LETTER

Division of Corporations	
SUBJECT: SMITH GARAGE EQUIPMENT, INC.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact B "Certificate of Existence," or "Certificate of Good Standing" and check are submit above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
HOWARD SMITH	
Name of Person	
SMITH GARAGE EQUIPMENT, INC.	三日 日報 る
Firm/Company	5 元
2333 ALEXANDRIA DRIVE, SUITE 223	
Address	
LEXINGTON, KY 40504	
City/State and Zip code	्रात ध
smithgarageequipment@outlook.com	Will 22
E-mail address: (to be used for future annual report notif	fication)
For further information concerning this matter, please call:	
HOWARD SMITH at (859) 514-6056	
Name of Person Area Code Daytime Telephon	e Number
STREET/COURIER ADDRESS: MAILING ADD Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corpo P.O. Box 6327	prations
2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32301	32314
Enclosed is a check for the following amount:	
☑ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status Certified 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. SMITH GARAGE EQUIPMENT, INC.	
(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate na	une adopted for the purpose of transacting business in Florida)
2. KENTUCKY	3. 81-1362535
(State or country under the law of which it is incorporated)	•
4. 02/08/16	5.
(Date of incorporation)	(Date of duration, if other than perpetual)
6. N/A	
	ess in Florida, if prior to registration)
4	17.1502, F.S., to determine penalty liability)
7. 2333 ALEXANDIZIA DZIVE	E STE 223 LEXINGTON KY 40504 included office address)
`	•
2333 ALEXANDRIA DRIVE, STE 223, LEXINGTON, KY (Current m	railing address, if different)
,	
8. Name and street address of Florida registered agent:	(P.O. Box NOT acceptable)
Name: <u>Corporation</u> Service	e Company 6
Name: <u>Corporation Service</u> Office Address: <u>1201 Hays Street</u>	
Tallahasee (City)	, Florida 32-301
(Cny)	(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.

Deb Reeves
Assistant Vice President

(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 and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: ___ Address: Director: Address: ___ **B. OFFICERS** President: HOWARD SMITH Address: C/O SMITH GARAGE EQUIPMENT, INC. 2333 ALEXANDRIA DRIVE, STE. 223, LEXINGTON, KY 40504 Vice President: Address: Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Howard W Smith, President 13. _____

(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: 173785

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,

SMITH GARAGE EQUIPMENT, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 8, 2016 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 1st day of March, 2016, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

173785/0943611