# F/6000001228

| (Re                     | equestor's Name)  |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | ; #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
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K.S.ALY EXAMINER MAR 15

### **COVER LETTER**

| то:     | Registration Se<br>Division of Co  |  |              |                                  |  |
|---------|------------------------------------|--|--------------|----------------------------------|--|
| SUBJ    | ECT:                               | Tech Force Tele<br>Name of corpora   | <i>(op</i> , | Ist include suffix               |  |
| Dear S  | ir or Madam:                       |  |              |                                  |  |
| "Certif | ficate of Existend                 | tion by Foreign Corporation<br>ee," or "Certificate of Good<br>on corporation to transact bu | Standing     | " and check are sub              |  |
| Please  | return all corres                  | pondence concerning this m   | atter to th  | ne following:                    |  |
|         | (4)                                | wen antith   |              | _                                |  |
|         | <u> </u>                           | Name   | of Perso     | on                               |  |
|         | T                                  | ch Force Tele  |              | T.                               |  |
|         | (7                                 | Firm/9   | Company      | , ma                             |  |
|         |                                    | 2010 / 1   | ^)           | 11 01                            |  |
|         |                                    | DOID Lake  | <u> </u>     | to NO                            |  |
|         |                                    | 8010 Cake 1<br>Atlettsburg. City/Sta   | H Y          | 41120                            |  |
|         |                                    | City/Sta   | te and Zi    | n code                           | <u> </u>   |
|         |                                    | 00 5. 5. H. C  | ) le .       |                                  | 40   |
|         |                                    | E-mail address: (to be us  | ed for fi    | ture annual report               | notification)  |
| For fur | ther information                   | concerning this matter, plea   | se call:     |                                  |  |
| Geo     | aff Grif                           | Fith at ( <u>la</u> )  | 1/4 \        | 22 1811                          |  |
|         | Name of Perso                      | on Area  | (100         | Daytime Telep                    | hone Number  |
|         |                                    |  |              | <b>y</b>                         |  |
|         |                                    | JRIER ADDRESS:   |              | MAILING A                        |  |
|         | Registration Se<br>Division of Cor |  |              | Registration S<br>Division of Co |  |
|         | Clifton Buildin                    | g  |              | P.O. Box 632                     |  |
|         | 2661 Executive<br>Tallahassee, FI  |  |              | Tallahassee, F                   | °L 32314   |
| Enclos  | ed is a check for                  | the following amount:  |              |                                  |  |
| \$70    | 0.00 Filing Fee                    | □ \$78.75 Filing Fee & Certificate of Status   |              | 3.75 Filing Fee & rtified Copy   | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Tech   | Force Teletom, corporation; must include "INCORPO                       | Jac                             |   |   |
|---|---|---------------------------------|---|---|
| (Enter name of c  | corporation; must include "INCORPO Corp," "Inc," "Co," or "Corp.")      | RATED," "COI                    | MPANY," "CORPORATION  | "   |
| (If name unavail  | able in Florida, enter alternate corpor                                 | rate name adopte                | I for the nurnose of transacting                                | huciness in Florida   |
|   | y under the law of which it is incorpo                                  |                                 |   |   |
| ,   | •   |                                 |   |   |
| 4. // (Date   | of incorporation)   | 5                               | (Date of duration, if other t                                   | han perpetual)  |
| 6   | 3/15/2016 (Date first transacted b                                      | ousiness in Florid              | la, if prior to registration) S., to determine penalty liabilit | w)  |
| 7   | 010 Lake Boni   |                                 | Cattettsby  |   |
|   | (Curr   | ent mailing addr                | ess, if different)  |   |
| 8. Name and street  | et address of Florida registered ag                                     | ent: (P.O. Box                  | NOT acceptable)   | 2016 MAR  |
| Name:   | Steven Shau   | len                             |   |   |
| Office Address:   | 1661 NW 1St   | ten                             |   |   |
|   | 1661 NW 1St<br>PomPano Beac<br>(City)                                   | <u>h</u> ,                      | Florida 33060 (Zip code)  | 9:46  |
| 9. Registered ag<br>Having been nam<br>designated in this |   | ept service of p                | process for the above stated                                    | l corporation at the place<br>te to act in this capacity. I |
| further agree to c  | omply with the provisions of all s<br>amiliar with and accept the oblig | statutes relativ <mark>o</mark> | to the proper and complet                                       | te performance of my  |
| <   | A Some  |                                 |   |   |
| _   | (Re   | egistered agent's               | signature)  | <del></del>   |

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:   |
|--|
| 11. Names and business addresses of officers and/or directors:  A. DIRECTORS  Chairman: Checks Knipp  Address: PO Box 1166  AM 9: 46   |
| Charles Valor  |
| Address: PO Box 1166   |
| Address: POBOX 1166  Olive HIII, KY 41164  |
| Vice Chairman: Struen Griffith   |
| Address: 3621 Kimberly (4.   |
| Ashlord, KY 4/102  |
|  |
| Director:  |
| Address:   |
|  |
| Director:  |
| Address:   |
| ·  |
| B. OFFICERS  |
| President: Charles Knipp   |
| Address: $PO 130 \times 1100$  |
| Olive Hill, KY 41164   |
| Vice President:  |
|  |
| Address:   |
| () ( ((5))   |
| Secretary: Steven Griffith   |
| Address: 3621 Kimberly Ct, Ashland, KY 41102   |
| Treasurer: Steven Unitith  |
| Address: 3621 Kimberly Ct, Askland 188 4/102   |
| NOTE: If necessary, you may attach an addendant to the application of the application of the property of the application of the |
| 12.  |
| ignature of Director of Officer  The officer or director signing this docament (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.  13 Struen Gniffith, Teasurer   |
| (Typed or printed name and capacity of person signing application)   |

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

2016 MAR II AM 9: 46

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: 174007

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,

## TECHFORCE TELECOM INC

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is July 6, 2005 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 7<sup>th</sup> day of March, 2016, in the 224 year of the Commonwealth.

CONTRACT OF STREET, ST

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

174007/0616897