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(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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16 MAY I I AM 9: 27
SECRETARY OF STAIL
TALLAHASSEF FEBRAIC

DEPARTYENT OF STA

MAY 1 2 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 137635 4810520

AUTHORIZATION :

COST LIMIT : \$/78.75

ORDER DATE: May 10, 2016

ORDER TIME : 8:40 AM

ORDER NO. : 137635-005

CUSTOMER NO: 4810520

FOREIGN FILINGS

NAME: REPUBLIC BANCORP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:	_	Registration Section Division of Corporations							
SUBJ	ECT:	Republic	Acquisition Corp.						
2020			Name	of corporation	n - must	include suffix			
Dear S	Sir or M	adam:							
"Certi	ficate of	Existen		te of Good Sta	ınding" a	nd check are su	act Business in Florida," bmitted to register the		
Please John R		all corres	pondence concer	ning this matte	er to the f	ollowing:			
			····	Name of	Person				
Repub	lic Bank	& Trust C	Company						
		~		Firm/Co	npany				
601 W	est Mark	et Street	10.11						
Louisv	ille, KY	40202		Add	ress				
jrippy@	@republi	cbank.cor	m	City/State	and Zip c	ode			
	<u> </u>		E-mail addres	ss: (to be used	for futur	e annual report	notification)		
For fur	ther inf	ormation	concerning this	matter, please	call:				
John Rippy			502 at (560-	560-8683				
	Name	of Perso	on	Area Co	de	Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	0.00 Fili		□ \$78.75 Filin Certificate	ng Fee & f		Filing Fee & ed 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.

(Enter name of control "Inc.," "Co.,"	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)	
2. (State or count	ry under the law of which it is incorporated) 3.	•••		
4. (Date	e of incorporation) 5.	(Date of duration, if other than perpetual)		
	(SEE SECTIONS 607.1501 & 607.1500 on Street, Suite 2800, Louisville, KY 40202 (Principal)	al office address)	······································	
8. Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O.) Corporation Service Company	g address, if different) Box <u>NOT</u> acceptable)	16 MAY 1.1 TALLAND SECOND IN A THE TALLAND IN A THE TALL	
Office Address:	1201 Hays Street Tallahassee	32301	Cof si, co	
	(City)	, Florida (Zip code)	27 RIDA	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointmentally with the provisions of all statutes refamiliar with and accept the obligations of	tent as registered agent and agred elative to the proper and complete my position as registered agent. Cou	to act in this capacity.	

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: Kevin Sipes Director: 601 West Market Street, Louisville, KY 40202 Address: John Rippy Director: 601 West Market Street, Louisville, KY 40202 Address: **B. OFFICERS Kevin Sipes** President: 601 West Market Street, Louisville, KY 40202 Address: Vice President: John Rippy 601 West Market Street, Louisville, KY 40202 Address: Treasurer: Address: NOTE: If pacessary, 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. Kevin Sipes, President

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: 176229

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,

Republic Acquisition Corp.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 6, 2015 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 9th day of May, 2016, in the 224th year of the Commonwealth.



Mison Sundergan Orimes
Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

176229/0933878