

8/15/2016 3:21:07 PM From: To: 18506176383( 1/5 )

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
Association Management Resources, Inc

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2016 AUG 15 PM 3:29

TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Association Management Resources, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mattie Conkwright, Controller

Name of Person

Association Management Resources, Inc.

Firm/Company

201 E. Main Street, Suite 1405

Address

Lexington, Kentucky 40507

City/State and Zip code

MConkwright@AMRms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mattie Conkwright

at ( 859 ) 514-9829

Name of Person

Area Code

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & 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. Association Management Resources, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kentucky 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/30/1997 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507  
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, FL 33324, 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.*

C T Corporation System

By: Jenifer Vincent Jenifer Vincent, Assistant Secretary & 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.

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II. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John A. Ruffin

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

Vice Chairman: John N. Ruffin

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

Director: John A. Ruffin

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

Director: John N. Ruffin

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

B. OFFICERS

President: John N. Ruffin

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

Vice President: Tracy Tucker

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

Secretary: Tracy Tucker

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

Treasurer: Tracy Tucker

Address: 201 E. Main Street, Suite 1405, Lexington, Kentucky 40507

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. Nick Ruffin, President

(Typed or printed name and capacity of person signing application)

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

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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 179617  
Visit <https://app.sos.ky.gov/f/show/cert/validate.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,

**ASSOCIATION MANAGEMENT RESOURCES, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS  
Chapter 271B, whose date of incorporation is April 30, 1997 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 12<sup>th</sup> day of August, 2016, in the 225<sup>th</sup> year of the  
Commonwealth.



*Alison Lundergan Grimes*  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
179617/0432266