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COVER LETTER

	Registration Section Division of Corporation					
SUBJE	CCT: 1411	VES PR	ECISION	INC		
					include suffix	
Dear Sir	r or Madam:					
"Certific		or "Certifica	ite of Good S	tanding" a	and check are sub	ct Business in Florida," mitted to register the
Please re	eturn all correspon	dence conce	ming this mat	ter to the	following:	
	BILL YO	UNG				
			Name	of Person		
	HINES PA	26 C1510 N	INC			
			Firm/C	ompany		
	PO BOX	1598	Í			
				dress		
	OWENSBOR	O KY	4230	2-15	98	
			City/State	and Zip	code	
	bill. your	ng Chin	espreci	5/0/2 .	OM	
-		E-mail addre	ss: (to be use	d for futu	re annual report i	notification)
For furth	ner information cor	ncerning this	matter, pleas	e call:		
BIL	ch donne		at (270) , -	729-424	12
	Name of Person		Area C	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS:			MAILING ADDRESS:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
Clifton Building				P.O. Box 6327		
	2661 Executive Ce Tallahassee, FL 32				Tallahassee, F	L 32314
Enclosed	d is a check for the	following an	nount:			
\$ 70.0	00 Filing Fee 🗆	\$78.75 Fill Certificate	ing Fee & e of Status		5 Filing Fee & ied 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. HINES PRECISION INC

	orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.")	ATED," "COM	APANY," "COR	PORATION,"		
(If name unavaila	ble in Florida, enter alternate corporat	e name adopted	for the purpose	of transacting	ousiness in Flo	orida)
2. KE	NTUCKY	3	61-	13592	65	
(State or country	y under the law of which it is incorpora	ated)	(FEI n	umber, if appli	cable)	
4	9/29/99	5,				
			(Date of durat	ion, if other th	an perpetual)	accourt
6 7 - 4-	- 16 OF HIS HOME OFFICE	E AND SOLIGI	TI ON BLIFOR	MFG PU	twis in k	CONTEXY)
	(Date first transacted but (SEE SECTIONS 607.1501 d	isiness in Florid	a, if prior to regis	stration)		
7. 5680	OLD HWY 54 FA	ST PH	ILPOT 1	KY 42	2366	
		(Principal offic	•	410		
PO BO	X 1598 OWENSBOR			- 15 98		
	(Curre	nt mailing addr	ess, 11 different)		•	25
8. Name and stree	t address of Florida registered age	nt: (P.O. Box	NOT acceptab	ie)		Cons
Name:	CT CORPORATIO	N SYSTE	m		20.20	J
Office Address:	1200 SOUTH PIM	5 ISLAM	D ROAD		OF STAT	ם וד
	PLANTATION		Florida <u>33</u> (Zip c	324	ORIO	ىب (
	(City)		(Zip c	coae)	` A '''	<u>~</u>

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.

Danny Verdecchia, Jr. Asst. Secretary

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: __ RONALD J. BAMBERGER Address: __ Po Box 1598 OWENSBORD KY 42302-1598 Vice Chairman: Address: __ Director: Director: Address: ___ B. OFFICERS President: KEUIN M. BUOTH OWENS 80RO KY, 42302 Vice President: JUSEPH P. ACQUISTO Address: ___ PO BOX 1598 OWENSBORO KY 42302

Secretary: WILLIAM E. YOUNG

Address: PO BIX 1598 OWENSBORD KY 42302

Treasurer: WILLIAM E. YOUNG

Address: PO BOX 1598 OWENSBORD KY 42302

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

12. William CFO
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. WILLIAM E. YOUNG CFO

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

Commonwealth of Kentucky 7/15/2016 Alison Lundergan Grimes, Secretary of State

Division of Corporations Business Filings P. O. Box 718 Frankfort, KY 40602 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 178570

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,

HÍNES PŘECIŠION ÍNG

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 29, 1999 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 271B 16-220 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 15th day of July, 2016.



Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky

178570/0481039