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COVER LETTER

TO: Registration Section Division of Corpor			
CFW Associa	ated Engineers, Inc.		
	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign controls."	or "Certificate of Good St	tanding" and check are sul	act Business in Florida," bmitted to register the
Please return all correspond D. Paul Finn	dence concerning this mat	ter to the following:	
	Name o	of Person	
CFW Associated Engineers, I	nc.		
9200 Leesgate Road, Suite 20	Firm/Co	ompany	90 90
	Add	dress	<u></u>
Louisville, KY 40222			 වා වා
	City/State	and Zip code	<u> </u>
pfinn@cfwengineers.com			ىن T
	E-mail address: (to be use	d for future annual report	notification)
For further information cor	ncerning this matter, pleas	e call:	
Linda Lisanti	502 at (423-0805	
Name of Person	Area Co	ode 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 A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
	\$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.

'Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate nar		OMPANY," "CORPORATION," ted for the purpose of transacting business in Flor	rida)
Kentucky	•	-	61-0982467	
(State or country 3/11/81	y under the law of which it is incorporated)	s 5	(FEI number, if applicable)	
(Date	of incorporation)		(Date of duration, if other than perpetual)	_
9200 Leesgate Ri			rida, if prior to registration) F.S., to determine penalty liability)	
)200 Leesgate R	(SEE SECTIONS 607.1501 & 607. oad, Suite 200, Louisville, KY 40222	7.1502,		
200 Leesgate R	(SEE SECTIONS 607.1501 & 607. pad, Suite 200, Louisville, KY 40222 (Prin	cipal of	F.S., to determine penalty liability)	18 82 26
Name and stre	(SEE SECTIONS 607.1501 & 607. pad, Suite 200, Louisville, KY 40222 (Prin	cipal of	F.S., to determine penalty liability) Tice address) dress, if different)	SEP 26 PM 3
	(SEE SECTIONS 607.1501 & 607. pad, Suite 200, Louisville, KY 40222 (Prin (Current material address of Florida registered agent: (cipal of	F.S., to determine penalty liability) Tice address) dress, if different)	SED 26 PM
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607. pad, Suite 200, Louisville, KY 40222 (Prin (Current material address of Florida registered agent: (National Corporate Research, Ltd., Inc.	cipal of	F.S., to determine penalty liability) Tice address) dress, if different)	SEP 26 PM 35

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.

(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:	
	- -
D. Paul Finn Director:	
Address: 9200 Leesgate Road, Suite 200, Louisville, KY 40222	
Charles E. Weber	
Director: 9200 Leesgate Road, Suite 200, Louisville, KY 40222	1,7
Address:	2
B. OFFICERS	28 PH
D. Paul Finn President:	بن نې
Address: 9200 Leesgate Road, Suite 200, Louisville, KY 40222	
Vice President:	
Address:	
Charles E. Weber	
Secretary:	
Address: Charles E. Weber Treasurer:	
9200 Leesgate Road, Suite 200, Louisville, KY 40222 Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional street and the application listing additional street and additional s	itional officers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 about are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	
13. D. Paul Finn	
(Typed or printed name and capacity of person signing a	pplication)

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:

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,

CFW ASSOCIATED ENGINEERS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 11, 1981 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 22nd day of September, 2016, in the 225th year of the Commonwealth.

E SECRETALION SECR

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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