

F1600005576
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000310326 3)))



H160003103263ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3333
Fax Number : (954) 208-0845

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

Email Address: _____

RECEIVED
16 DEC 19 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 DEC 19 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
NTS Development Company

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

DEC 20 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations
NTS Development Company

SUBJECT: _____
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:
Rosann D. Tafel

Name of Person
NTS Development Company

Firm/Company
500 North Hurstbourne Parkway, Suite 400

Address
Louisville, Kentucky 40222

City/State and Zip code
rtafel@ntsdevco.com

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

For further information concerning this matter, please call:

Rosann D. Tafel 502 426-4800 ext. 153

Name of Person at (_____) 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.

NTS Development Company

1. NTS Development Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Kentucky
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. 61-0911225
(FBI number, if applicable)
4. January 3, 1977
(Date of incorporation)
5. Perpetual
(Date of duration, if other than perpetual)
6. After registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 500 North Hurstbourne Parkway, Suite 400, Louisville, Kentucky 40222
(Principal office address)
- Same
(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, Florida 33324
(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.

Ternell Kearney

Ternell Kearney Assistant Secretary

(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.

16 DEC 19 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

J.D. Nichols, Sole Director

Chairman: _____

1605 Lands End Road

Address: _____

Manalapan, FL 33462-4761

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Brian F. Lavin

President: _____

500 North Hurstbourne Parkway, Suite 400

Address: _____

Louisville, Kentucky 40222

Gregory A. Wells, Executive Vice President/Chief Financial Officer

Vice President: _____

500 North Hurstbourne Parkway, Suite 400

Address: _____

Louisville, Kentucky 40222

Rosann D. Tafel, Senior Vice President/Secretary

Secretary: _____

500 North Hurstbourne Parkway, Suite 400, Louisville, Kentucky 40222

Address: _____

David B. Pitchford, Senior Vice President/Treasurer

Treasurer: _____

500 North Hurstbourne Parkway, Suite 400, Louisville, Kentucky 40222

Address: _____

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.

Rosann D. Tafel, Senior Vice President/Secretary

13. _____

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 19 PM 9:51

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: 184136

Visit <https://app.sos.ky.gov/fishow/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,

NTS DEVELOPMENT COMPANY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 3, 1977 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 19th day of December, 2016, in the 225th year of the Commonwealth.

DEC 19 AM 9:57
OFFICE OF THE SECRETARY OF STATE
ALLAHABAD, FLORIDA



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
184136/0151154