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PICK-UP WAIT MAIL					
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Special Instructions to Filing Officer:					
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Office Use Only



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N SCOTT APR 12 2017



# FLW Construction, inc.

P.O. Box 4117
1459A Glass Avenue
Hopkinsville, KY 42241
(270) 874-5972 Phone
(270) 632-1712 Fax
fwhitlock@flwconstruction.com

April 6, 2017

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL. 32301

To Whom It May Concern;

Any urgency that could be given to this registration would be greatly appreciated. We have a contract that is pending award to our company upon completion of this registration. Thank you for your prompt attention concerning this matter.

Respectfully yours,

Veronica Castile Office Manager

(270) 987-2767 cell

## **COVER LETTER**

TO: Registration S Division of C						
SUBJECT: FLW	Construction, Ir	nc.				
	****		n - must	include suffix		
Dear Sir or Madam:						
The enclosed "Applic "Certificate of Exister above referenced fore	nce," or "Certifica	ite of Good Sta	anding"	and check are sub	ct Business in Florida," omitted to register the	
Please return all corre	spondence conce	rning this matt	er to the	following:		
Frank Whitlock / Pres	ident					
		Name o	f Person			
FLW Construction, Inc	С.					
		Firm/Co	mpany			
1459 A Glass Ave. (p	hysical) P.O. I	Box 4117 (ma	iling)			
		Add	iress			
Hopkinsville, KY.	42241-4117					
		City/State	and Zip	code		
fwhitlock@flwconstruc			1.6			
For further information				re annual report		
· · · · · · · · · · · · · · · · · · ·		_ at (270		874-5972		
Name of Pers	Son	Area Co	ode	Daytime Telep	hone Number TO PH 2: 07	
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	or the following a	mount:				
\$70.00 Filing Fee	□ \$78.75 Fil Certificat	ing Fee & e of Status		'5 Filing Fee & fied 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.

	on, Inc.			
(Enter name of co	rporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)	
Kentucky	3. :	27-4579034		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
January 7, 2011				
(Date of incorporation)		(Date of duration, if other than perpetual)		
5				
	(Date first transacted business in		_	
	(SEE SECTIONS 607.1501 & 607.150	32, F.S., to determine penalty hability)		
1.1459 A Glass Av	e. Hopkinsville, KY. 42240	1.00	<del> ·</del>	
	•	al office address)		
P.O. Box 4117	Hopkinsville, KY> 42241-4117	1 1 10 1100 A		
	(Current matting	g address, if different)		
3. Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)	NR 10 PH 2:07	
Name:	Registered Agents Inc.		一切のる「	
Office Address:	3030 N. Rocky Point Dr. STE 150A		2	
	Tampa	, Florida <u>33607</u>	20	
	(City)	(Zip code)	一 一	
Name: Office Address:	Tampa	, Florida <u>33607</u> (Zip code)	SESSE STATE	

amiliar with and accept the obligations of my position as registered agent.

Registered Agents Inc. Bill Havre - 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_\_\_ Vice Chairman: \_\_\_ Address: \_ Director: \_ Address: Address: \_ **B. OFFICERS** President: Frank Whitlock Address: 1102 English Oak Court Hopkinsville, KY. 42240 Vice President: Address: Secretary: \_ Address: Treasurer: NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors. tlock - PRESIDENT 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. Frank Whitlock / 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: 188102

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> 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,

### FLW CONSTRUCTION, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 7, 2011 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 6<sup>th</sup> day of April, 2017, in the 225<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

188102/0778954