

F17000003252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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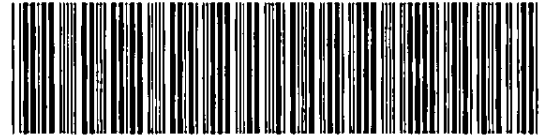
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

Q SIMMONS  
JUL 21 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

William E. Groves Construction, Inc.

**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:

GR Chandler

\_\_\_\_\_  
Name of Person

William E. Groves Construction, Inc.

\_\_\_\_\_  
Firm/Company

P.O. Box 1205

\_\_\_\_\_  
Address

Madisonville, Kentucky 42431

\_\_\_\_\_  
City/State and Zip code

gchandler@grovesconstruction.com

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

For further information concerning this matter, please call:

GR Chandler

270

825-1437

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. William E. Groves Construction, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Groves Construction  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. KENTUCKY 3. 61-0727227  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/04/1972 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. 3135 Grapevine Road - Madisonville, Kentucky 42431  
(Principal office address)
- P.O. Box 1205 - Madisonville, KY 42431  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: COGENCY GLOBAL INC.
- Office Address: 115 North Calhoun Street, Suite 4
- Tallahassee, Florida 32301  
(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.*

Er B Wood 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.

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DIVISION OF CORPORATIONS

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

**A. DIRECTORS**

Chairman: William E. Groves  
Address: 3135 Grapevine Road  
Madisonville, KY 42431

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Robert E. Groves  
Address: 3135 Grapevine Road  
Madisonville, KY 42431

Director: Andy Bachman  
Address: 3135 Grapevine Road  
Madisonville, KY 42431

**B. OFFICERS**

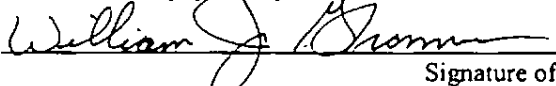
President: William J. Groves  
Address: 3135 Grapevine Road  
Madisonville, KY 42431

Vice President: Danny G. Sharber  
Address: 3135 Grapevine Road  
Madisonville, KY 42431

Secretary: Janet G. Sharber  
Address: 3135 Grapevine Road, Madisonville, KY 42431

Treasurer: Janet G. Sharber  
Address: 3135 Grapevine Road, Madisonville, KY 42431

**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. William J. Groves, President  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CONFESSIONS

**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: 191447  
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,

**WILLIAM E. GROVES CONSTRUCTION, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 4, 1972 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 14<sup>th</sup> day of July, 2017, in the 226<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
191447/0076800