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COVER LETTER

TO: Registration Section Division of Corporations

Dependable Coating Solutions Inc.

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SUBJECT:

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Name of corporation - must include suffix

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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:	
Carolyn Williamson	

	Name	of Perso	m	
Dependable Coating Solutions Inc	:			-
	 Firm/C	Company	,	
10531 Parks Rd				CT .
un	Ac	idress		<u> </u>
Utica. Ky 42376				
	City/Stat	te and Z	ip code	· · · · ·
cwillia798@aol.com			•	
E-m	ail address: (to be us	ed for fi	iture annual report	notification)
For further information concern	ning this matter, plea	se call:		
Carolyn Williamson	270 at (3	02-5389	
Name of Person	Area (lode	Daytime Telep	bhone Number
STREET/COURIER	ADDRESS:		MAILING A	DDRESS:
Registration Section			Registration S	
Division of Corporatio	ns		Division of C	
Clifton Building			P.O. Box 632	7
2661 Executive Center	Circle		Tallahassee, I	FL 32314
Tallahassee, FL 3230	l			
Enclosed is a check for the foll	owing amount:			
	78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & rtified 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.

Dependable Coating Solutions Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Kentucky			dopted for the purpose of transacting busine 27-5500863	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)
	of incorporation)		(Date of duration, if other than per	rpetual)
10531 Parks Rd Ut	(Date first transacted busine (SEE SECTIONS 607.1501 & 60		Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	(Рті	ncip	al office address)	.> 2
	(Current m	ailin	g address, if different)	
. Name and <u>street</u> Name:	address of Florida registered agent: Michael T Robertson	(P.C	9. Box <u>NOT</u> acceptable)	
Office Address:	2201 Ringling Blvd Ste #205			

9. Registered agent's acceptance:

Sarasota

(City)

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.

Florida

(Zip code)

(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:	Carolyn Williamson	- <u> </u>	
Address:	10531 Parks Rd.		
	Utica, Ky. 42376		
Vice Chai	rman:		
Address:			
-			
Director:		-1	
Address:			
		, i i i	
Director:			i
Address:		-	:
		_ •	
B. OFF	ICERS	``````````````````````````````````````	
President: Address:	Carolyn Williamson	2	
	10531 Parks Rd		
	Utica, Ky. 42376		
Vice Pres	Brett Williamson ident:		
Address:	10531 Parks Rd,		
	Utica, Ky. 42376		
Secretary:	Carolyn Williamson		
Address:	10531 Parks Rd. Utica, Ky. 42376		
Treasurer	Carolyn Williamson		
Address:	10531 Parks Rd. Utica, Ky. 42376		<u> </u>

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

12.

Carolyn Williamson Pres. 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. Carolyn Williamson, 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: 202396 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,

Dependable Coating Solutions Inc.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 1, 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:



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Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 202396/0780982