F18000002858

(Requestor's Name)
(Address)
. (Áddréss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: CORRECTION PER CONVERSATION WITH CHRIS CURRY 6/19/2018 KS



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COVER LETTER

_	tration Section of Cor					
SUBJECT:	Covenan	t Services, Inc				
			orporation	- must include suffix		
Dear Sir or M	adam:					
"Certificate o	f Existenc		Good Stan	ding" and check are sub	nct Business in Florida," omitted to register the	
Please return	all corresp	ondence concerning	this matter	to the following:		
Chris Curry						
			Name of I	Person		
Covenant Servi	ces, inc					
			Firm/Com	pany		
510 Henry Ve	ech Rd					
			Addre	ss		
Finchville, KY	40022					
	 	C	ity/State ar	nd Zip code		
kwhsave@yah	noo.com					
 -	-	E-mail address: (to	o be used f	or future annual report	notification)	
For further in	formation	concerning this matte	er, please c	all:		
Chris Curry, 50		502	, 471-4801			
Nam	e of Perso		Area Code		phone 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 amoun	t:			
□ \$70.00 Fil	ing Fee	S78.75 Filing For Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 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.	Covenant Servic	es. Inc			
		orporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")		COMPANY," "CORPORATION	
	COVENANT	SERVICES KY, INC.	ado	opted for the purpose of transacting	business in Florida)
2.	Kentucky	3.	. 81	-2443791	
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	May 3rd, 2016	5.	. Р	erpetual	
	(Date	of incorporation)	_	(Date of duration, if other t	han perpetual)
6.					
	540 Un	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1			y)
7.	510 Henry Veech	Rd, Finchville, KY 40022	inal	office address)	
	18 Viilage Plaza,	PMB 230, Shelbyville, KY 40065		, mee mane, ,	
		(Current maili	ing :	nddress, if different)	E 6
8.	. Name and stree	t address of Florida registered agent: (P.	.O. I	Box NOT acceptable)	JIM 15
	Name:	Registered Agents Inc.		_	温度 5 円
О	office Address:	3030 N. Rocky Point Dr. STE 150A		_	11 12 12 12 12 12 12 12 12 12 12 12 12 1
		Tampa		Florida <u>33607</u>	3 5
		(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.

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:	E.
A. DIRECTORS ·	18 JUN 15 AM 10: 54
Chairman: NA	15 M
Address:	14 JARY 15 CT 54
Vice Chairman: NA	
Address:	·
Director: NA	
Address:	
Director: NA	
Address:	
·	
B. OFFICERS	
President: Scott W. Burba	
Address: 4110 Bay Pointe Dr	
Louisville, KY 40241	
Vice President: NA	
Address:	
Secretary: Randall D. Burch	
Address: 122 South Hampton Rd, Louisville, KY 40223	
Treasurer: Christopher C. Curry	
Address: 510 Henry Veech Rd, Finchville, KY 40022	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
12 Histophen Curry	
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. Christopher C. Curry- Treasurer

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

18 JUN 15 AM 10: 54

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: 203508

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,

COVENANT SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 3, 2016 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 11th day of June, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

203508/0951650