F18000003954

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Ciling Officer	
Special instructions to a	Flang Onicer:	
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Office Use Only



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EXAMINED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 361072 7878934					
AUTHORIZATION (: Forello & on)					
COST LIMIT : \$70.00					
ORDER DATE : August 23, 2018					
ORDER TIME : 1:21 PM					
ORDER NO. : 361072-005					
CUSTOMER NO: 7878934					
CUSTOMER NO: 7878934 2005					
FOREIGN FILINGS					
NAME: ARCHITECTURAL INVESTMENTS, 99.					
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Emily Croft EXT# 62925					
EXAMINER:					

COVER LETTER

TO: Registration Section Division of Corporations				
Architectural Investments, Inc.				
SUBJECT: Name of c	corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation of Existence," or "Certificate of above referenced foreign corporation to tran	`Good Standi	ng" and check are submi	Business in Florida." itted to register the	
Please return all correspondence concerning Kevin M. Burns	this matter to	o the following:		
	Name of Pe	erson		
Architectural Investments, Inc.				
	Firm/Comp	any	123 NUG 24	
222 S 1st Street, Suite 206				
	Addres	\$	150 200	
Louisville, KY 40202			න් . ශූ	
	City/State and	I Zin code	1 10	
info@architecturalinvestments.com	eny, orace un		<u> </u>	
-	to be used fo	r future annual report no	tification)	
For further information concerning this mat	ter, please ca	11:		
Kristic Julian	502	562-9220		
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amou	int:			
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$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.

	orporation; must include "INCORPORATED." " orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION.	••	
Kentucky (State or country	ble in Florida, enter alternate corporate name ado $\frac{6}{2}$ under the law of which it is incorporated)			lorid
10/28/1994	5	(Date of duration, if other t	<u> </u>	
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liabilit	y)	
222 South First S	treet, Suite 206, Louisville, KY 40202			
(Principal office address)				
	(Principal	office address)	 .	i.
	(Principal	office address)		
	` '	office address) address, if different)		12 AU 24
Name and stree	(Current mailing	address, if different)		AUG 25 AH
Name and stree	` '	address, if different)		124 AUR 24 AH 9: 28
Name:	(Current mailing et address of Florida registered agent: (P.O. Corporation Service Company	address, if different)		9: 2:
	(Current mailing et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee	address, if different)		9

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.

Corporation Service Company	Emily Croft
By Emila Cross	Asst. Vice President
(Registured age	nt's signature)

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to be Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction nder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Director: Director: ____ Address: **B. OFFICERS** Kevin M. Burns President: 222 S 1st Street, Suite 206, Louisville, KY 40202 Address: __ Amos Benjamin Vice President: 222 S 1st Street, Suite 206, Louisville, KY 40202 Address: Amos Benjamin Secretary: 222 S 1st Street, Suite 206, Louisville, KY 40202 Address: Kevin M. Burns Treasurer: 222 S 1st Street, Suite 206, Louisville, KY 40202 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 third degree felony as provided for in s.817.155, F.S.

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

Kevin M. Burns, AIA - 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: 205093

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,

ARCHITECTURAL INVESTMENTS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 28, 1994 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 24th day of July, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

205093/0337713