

F18000004496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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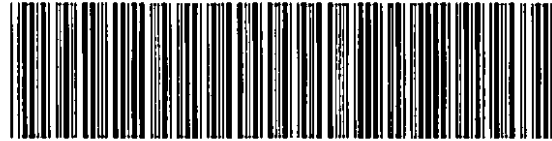
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUDICIAL DISTRICT OF ALABAMA
MONTGOMERY

N. CAUSSEAU

SEP 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL PARAMETRICS R&D, INC.
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:

J.E. STEPHEN HORN

Name of Person

RADWAN, BROWN AND COMPANY, PSC

Firm/Company

PO BOX 1485

Address

LEXINGTON, KY 40588

City/State and Zip code

stephen@radwanbrown.com

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

For further information concerning this matter, please call:

J.E. STEPHEN HORN

859

233-4146

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. GLOBAL PARAMETRICS R&D, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. KENTUCKY 3. 81-3045558
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/24/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. SEPTEMBER 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2265 HARRODSBURG RD, SUITE 380, LEXINGTON, KY 40504
(Principal office address)
- PO BOX 1485, LEXINGTON, KY 40588
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: THOMAS JOHNSON
- Office Address: 818 MERIDIAN AVE, APT 6
- MIAMI BEACH, Florida 33139
(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 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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FLORIDA
NINTH
JUDICIAL
CIRCUIT
MIAMI
COUNTY

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Chief Strategy: JEROME SKEES

Officer: 3520 COLTNECK LANE

Address: LEXINGTON, KY 40502

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Jerry Skees _____
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. Jerry Skees, CSO _____
(Typed or printed name and capacity of person signing application)

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: 207167
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,

Global Parametrics R&D, Inc.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS
Chapter 271B, whose date of incorporation is June 24, 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 20th day of September, 2018, in the 227th year of the
Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
207167/0956023

FILED
SECRETARY OF STATE
11/15/2018
SEP 25
AM 8:31