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357

Kimberly Laughrey

Division of Corporations

Florida Department of State
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Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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SECRETARY OF STATE
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FOREIGN PROFIT/NONPROFIT CORPORATION
On-Duty Depot, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky 3. 27-3562482
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/14/2010 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1140 Moselcy Street, Owensboro, KY 42303
(Principal office address)

same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Michele Holden - Michele Holden - Asst. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: Gary J Braswell

Address: 316 East 9th Street
Owensboro, KY 42303

Vice Chairman: _____

Address: _____

Director: John H Broxon II

Address: 316 East 9th Street
Owensboro, KY 42303

Director: Michael E Pike

Address: 316 East 9th Street
Owensboro, KY 42303

B. OFFICERS SEE ATTACHMENT

President: Kevin D Willis

Address: 316 East 9th Street
Owensboro, KY 42303

Vice President: _____

Address: _____

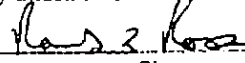
Secretary: Randy L Roos

Address: 316 East 9th Street, Owensboro, KY 42303

Treasurer: Randy L Roos

Address: 316 East 9th Street, Owensboro, KY 42303

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. Randy L. Roos, Vice President of Finance
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FL 32309

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Randy L Roos
Officer/Director: Officer
Officer's Title: Vice President of Finance
Director's Title:
Business Address: 316 East 9th Street
City: Owensboro
State: KY
ZIP Code: 42303
- 2 Full Name: Gary J Braswell
Officer/Director: Officer
Officer's Title: Chairman
Director's Title:
Business Address: 316 East 9th Street
City: Owensboro
State: KY
ZIP Code: 42303
- 3 Full Name: Donna K Parks
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address: 316 East 9th Street
City: Owensboro
State: KY
ZIP Code: 42303
- 4 Full Name: Randy L Roos
Officer/Director: Director
Officer's Title:
Director's Title: Other Director
Business Address: 316 East 9th Street
City: Owensboro
State: KY
ZIP Code: 42303
- 5 Full Name: Toby S. Hall
Officer/Director: Director
Officer's Title:
Director's Title: Other Director
Business Address: 316 East 9th Street
City: Owensboro
State: KY
ZIP Code: 42303

**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: 207699
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,

ON-DUTY DEPOT, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is September 14, 2010 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 3rd day of October, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
207699/0771258