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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

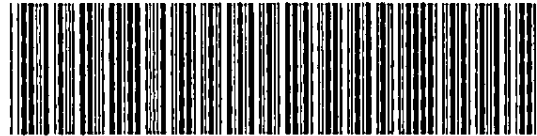
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE
JAN 29 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2018

H. KEITH SPEARS
1 UNIVERSITY DRIVE, UPO 781
CAMPBELLSVILLE, KY 42718

SUBJECT: CAMPBELLSVILLE UNIVERSITY INCORPORATED
Ref. Number: W18000107557

We have received your document for CAMPBELLSVILLE UNIVERSITY INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Written approval and clearance of the terms "UNIVERSITY" and "COLLEGE" must be obtained from the Department of Education, pursuant to section 1005.03, Florida Statutes. The address is :

Commission of Independent Education
Florida Department of Education
325 W. Gaines St., Suite 1414
Tallahassee, FL 32399-0400
(850) 245-3200

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 618A00025634

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DEPARTMENT OF STATE
CORPORATE RECORDS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMPBELLSVILLE UNIVERSITY, INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

H. KEITH SPEARS
Name of Person
CAMPBELLSVILLE UNIVERSITY, INC.
Firm/Company
1 UNIVERSITY DRIVE, UPO 781
Address
CAMPBELLSVILLE, KENTUCKY 42718
City/State and Zip Code
hkspears@campbellsville.edu
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

H. KEITH SPEARS at (270) 789-5520
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. CAMPBELLSVILLE UNIVERSITY INCORPORATED
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
CAMPBELLSVILLE UNIVERSITY INCORPORATED
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. KENTUCKY 3. 61-0469267
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 22, 1906 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. UPON APPROVAL WILL OFFER CLASSES IN JANUARY 2019
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to avert same penalty liability.)
7. 1 UNIVERSITY DRIVE, UPO 781, CAMPBELLSVILLE, KY 42718
(Principal office address)

(Current mailing address, if different)

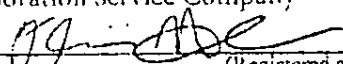
8. POSTSECONDARY HIGHER EDUCATION
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: CSC (CORPORATION SERVICE COMPANY)
 Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(City) (Zip Code)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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10. 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
 By: 
(Registered agent's signature)
 Olivia Mahach, Authorized Representative

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

HENRY E. LEE

Chairman: _____
CAMPBELLSVILLE UNIVERSITY; 1 UNIVERSITY DR.
Address: _____
CAMPBELLSVILLE, KY 42718

ANNA MARY BYRDWELL

Vice Chairman: _____
CAMPBELLSVILLE UNIVERSITY; 1 UNIVERSITY DR.
Address: _____
CAMPBELLSVILLE, KY 42718

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

MICHAEL V. CARTER

President: _____
CAMPBELLSVILLE UNIVERSITY; 1 UNIVERSITY DR.
Address: _____
CAMPBELLSVILLE, KY 42718

H. KEITH SPEARS

Vice President: _____
CAMPBELLSVILLE UNIVERSITY; 1 UNIVERSITY DR.
Address: _____
CAMPBELLSVILLE, KY 42718

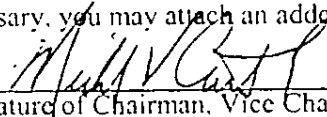
RUTH JANE WHEATLEY

Secretary: _____
CAMPBELLSVILLE UNIVERSITY; UNIVERSITY DR.; CAMPBELLSVILLE, KY 42718
Address: _____
OTTO TENNANT

Treasurer: _____
CAMPBELLSVILLE UNIVERSITY; UNIVERSITY DR; CAMPBELLSVILLE, KY 42718
Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
MICHAEL V. CARTER, CHIEF EXECUTIVE OFFICER AND PRESIDENT OF THE UNIVERSITY

14. _____
(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: 208385

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,

CAMPBELLVILLE UNIVERSITY INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is May 22, 1906 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 25th day of October, 2018, in the 227th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
208385/0007440