

1/31/2019

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17127323573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
SOUTH STATE CONTRACTORS, INC.**

Certificate of Status	0
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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
(41)  
2-5-19

2019 FEB - 14 AM 10:34

## 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.*

South State Contractors, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SSC KY Inc.

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

2.                     KY                     3.                     611010054                      
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.                     Aug 16, 1982                     5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7.                     5265 Glasgow Road, Oakland KY 42159                      
(Principal office address)  
                    same                      
(Current mailing address, if different)

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

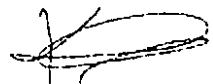
Name:                     C T Corporation System                    

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.*

By:                                          C T Corporation System  
Kimberly Bowens, 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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 PALM BEACH COUNTY

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: O'Neil Harrell

Address: 5265 Glasgow Road

Oakland KY 42159

Director: John W. Harrell

Address: 5265 Glasgow Road

Oakland KY 42159

**B. OFFICERS**

President: O'Neil Harrell

Address: 5265 Glasgow Road

Oakland KY 42159

Vice President: John W. Harrell

Address: 5265 Glasgow Road

Oakland KY 42159

Secretary: Susan Harrell

Address: 5265 Glasgow Road, Oakland KY 42159

Treasurer: same as Secretary

Address: \_\_\_\_\_

**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. John W. Harrell / Vice President

(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: 211813

Visit <https://app.sos.ky.gov/tt/show/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,


**SOUTH STATE CONTRACTORS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is August 16, 1982 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 31<sup>st</sup> day of January, 2019, in the 227<sup>th</sup> year of the Commonwealth.



  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
211813/0169551