

**F19000002403**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*per Kendra add Inc to  
RA name 5/21/19*

*RA name active W/19-42881*

Office Use Only



200328262142

04/26/19--01019--008 \*\*\$7.50

FILED  
19 MAY 21 AM 9:18  
CLERK OF SUPERIOR COURT  
IN LABORATORY

O SIMMONS

MAY 22 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2019

KENDRA CARTER  
4192 HWY 44 EAST  
SHEPHERDSVILLE, KY 40165

SUBJECT: TNT SECURITY INC, OF KENTUCKY  
Ref. Number: W19000042881

We have received your document for TNT SECURITY INC, OF KENTUCKY 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 designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 919A00008821

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
TNT SECURITY INC

**SUBJECT:** \_\_\_\_\_  
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:  
KENDRA CARTER

\_\_\_\_\_  
Name of Person  
TNT SECURITY INC

\_\_\_\_\_  
Firm/Company  
4192 HWY 44 EAST

\_\_\_\_\_  
Address  
SHEPHERDSVILLE KY 40165

\_\_\_\_\_  
City/State and Zip code  
kendra.carter@tntsecurity.com

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

For further information concerning this matter, please call:

KENDRA CARTER                      502                      543-1298  
\_\_\_\_\_  
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.

TNT SECURITY INC.

1.

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

TNT SECURITY, INC OF KENTUCKY

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
KENTUCKY 611359365

2.

(State or country under the law of which it is incorporated)  
12/17/1999

3.

(FEI number, if applicable)

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

N/A

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

4192 HWY 44 EAST SHEPHERDSVILLE KY 40165

7.

(Principal office address)

(Current mailing address, if different)

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

Name: REGISTERED AGENT ~~State~~ Inc BILL HAVRE

7901 4TH ST N SUITE 300

Office Address:

ST PETERSBURG

33702

Florida

(City)

(Zip code)

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STATE  
OF FLORIDA

**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.

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

**A. DIRECTORS**

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: MICHAEL C RENFROW

Address: 1189 STRINGER LANE

MT. WASHINGTON KY 40047

Vice President: JOHN THOMPSON

Address: 246 FOSTER LANE

SHEPHERDSVILLE KY 40165

Secretary: DIANE THOMPSON

Address: 246 FOSTER LANE SHEPHERDSVILLE KY 40165

Treasurer: DIANE THOMPSON

Address: 246 FOSTER LANE SHEPHERDSVILLE KY 40165

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

12. Michael C Renfrow  
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. MICHAEL C RENFROW, PRESIDENT 4/22/19

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

FILED  
MAY 21 AM 9:18  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
FLORIDA

**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: 214915  
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,


**TNT SECURITY, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is December 17, 1999 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 22<sup>nd</sup> day of April, 2019, in the 227<sup>th</sup> year of the Commonwealth.



  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
214915/0485214