

F190000002649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

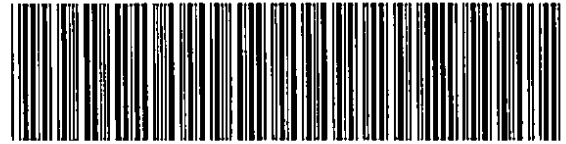
(Business Entity Name)

(Document Number)

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

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JUN 07 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2019

CELIA EHLERS  
539 WEST MARKET STREET, STE 200  
LOUISVILLE, KY 40202

SUBJECT: RANGASWAMY AND ASSOCIATED INCORPORATED  
Ref. Number: W19000049629

We have received your document for RANGASWAMY AND ASSOCIATED 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 519A00010311

2019 JUN 11 10:03

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rangaswamy and Associates Incorporated

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:  
Celia Ehlers

Rangaswamy and Associates Incorporated

Name of Person

539 West Market Street, Suite 200,

Firm/Company

Louisville Kentucky, 40202, USA

Address

celia@rangaswamy.com

City/State and Zip code

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

For further information concerning this matter, please call:

Celia Ehlers

at (502) 589-2212 ext 101

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

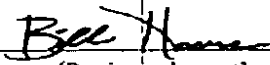
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. RANGASWAMY AND ASSOCIATES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
RAI Engineering
2. Kentucky 3. 61-1120743  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
April 15, 1987
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
539 West Market Street, Suite 200, Louisville, Kentucky 40202, USA
7. \_\_\_\_\_  
(Principal office address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Registered Agents Inc.  
Name: \_\_\_\_\_  
7901 4th St N STE 300  
Office Address: \_\_\_\_\_  
St. Petersburg \_\_\_\_\_ 33702  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

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

**A. DIRECTORS**

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

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

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

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

Celia Ehlers

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

539 West Market Street, Suite 200

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

Louisville, Kentucky 40202

Anthony Ehlers Jr

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

539 West Market Street, Suite 200

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

Louisville, Kentucky 40202

**B. OFFICERS**

Celia Ehlers

President: \_\_\_\_\_

539 West Market Street, Suite 200

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

Louisville, Kentucky 40202

Anthony Ehlers Jr

Vice President: \_\_\_\_\_

539 West Market Street, Suite 200

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

Louisville, Kentucky 40202

Anthony Ehlers Jr

Secretary: \_\_\_\_\_

539 West Market Street, Suite 200, Louisville, Kentucky 40202

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

Anthony Ehlers Jr

Treasurer: \_\_\_\_\_

539 West Market Street, Suite 200, Louisville, Kentucky 40202

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

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

12. Celia Ehlers President

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.

Celia Ehlers, President Director

13. \_\_\_\_\_

(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: 215413  
Visit <https://app.sos.ky.gov/fts/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,


**RANGASWAMY AND ASSOCIATES, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS  
Chapter 271B, whose date of incorporation is April 15, 1987 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 3<sup>rd</sup> day of May, 2019, in the 227<sup>th</sup> year of the  
Commonwealth.



  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
215413/0228083