Page 2 of 5 -24/2019	2019-10-24 11:15 38 CST Lion of Calention Lion of Calention Lision Corporations Floring age of Shr
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2013 301 24 FN 1446	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
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>
	FOREIGN PROFIT/NONPROFIT CORPORATION Neat & Wilson, Inc.
	Certificate of Status0Certified Copy1Page Count04Estimated Charge\$78.75
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: 3 of 5		2019-10-24 11 15	38 CST	12122023573 From: K	limberly La
•	<b>▲</b>			•,	
APPLICA	TION BY FOREIGN C	CORPORATION BUSINESS IN F	FOR AUTHORIZ. LORIDA	ATION TO TRANSACT	۲.
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.150. EIGN CORPORATION TO	3, FLORIDA STATU O TRANSACT BUSE	TES, THE FOLLOW VESS IN THE STATE	OF FLORIDA.	
Neat & Wilson, E				701	_
(Enter name of con "Inc.," "Co.," "Co	poration; must include "INC rp," "Inc," "Co," or "Corp.")			ATT 24	
(lf name unavailat	ole in Florida, enter alternate	corporate name adopte		nsacting business in, Florida)	$\bigcirc$
Kentucky 2.		3	61-1164104 (FEI numbe		
	under the law of which it is	incorporated)	(FEI numbe	er, if applicable)	
6/27/1989 4	of incorporation)	5		·	
_			(Date of duration, i	f other than perpetual)	
6. <u>08-01-</u> 2	2019				
	(Date first trans) (SEE SECTIONS 60	sacted business in Flor )7.1501 & 607.1502, F	ida, if prior to registrations of the second s	on) y liability)	
10129	SUS LAD Dun				
7. 10129 -		(Principal of	Hd 528		
P.O. B	tox 82 Dunr	WILLE KY Y	2528		
		(Current mailing add	dress, if different)		
8. Name and stree	<u>t address</u> of Florida regist	ered agent: (P.O. Bo	ox <u>NOT</u> acceptable)		
Name:	C T Corporation System				
	1200 South Pine Island Re	bad			
Office Address:	Plantation,				
	(City)	)	, Fiorida(Zip code	)	
, 	!			1	
9 Registered age	ad an equivered quest an	d to accept service o	f process for the abo	ve stated corporation at the md agree to act in this capa	place

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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To<sup>.</sup>

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A. DIRECTORS			
Chaiman:			
Address:			
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Vice Chairman:			7. 20
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Nimmer Grea N	Put		<u>日</u> (1) (1) (1) (1) (1) (1) (1) (1)
DA BA	eut x 82 Dunnville, Ky 42529	3	
Address: <u>r.v.</u>		<u> </u>	022 <b>5</b>
Dere 1	Vent		>
Director: $\underline{\Gamma} \underline{\Lambda} \underline{\Omega} \underline{\Omega}$	12 Diversity VI HERA		•
Address: <u>Y.U. KOK</u>	82 Dunnville, Ky 43528		••••
B. OFFICERS			
President:			
Address:	·		
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Vice President:			
Audicss			
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Secretary:			
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	you may attach an addendum to the application list	ing additional officers and	Bor directors.
1 Agenta	Signature of Director or Offic		
The officer or directo	r cigning this document (and who is listed in number	er 11 above) affirms that the	ic facts stated he
are true and that he or a third degree follow	she is aware that false information submitted in a cas provided for in s.817.155, F.S.	locument to the Departme	nt of State consu
13. Grea Nait	- Director (Typed or printed name and capacity of person s		
		inning application)	

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## 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: 221718 Visit https://app.sos.ky.gov/ftshow/certva	lidate.asox to authenticate this certificate.	AT	001	، ۲۰. معنور
		5	24	Ī

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-NEAT & WILSON; INC. 7,

00 is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is June 27, 1989 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 21st day of October, 2019, in the 228th year of the Commonwealth.35 



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Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 221718/0260231