

F19000005077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

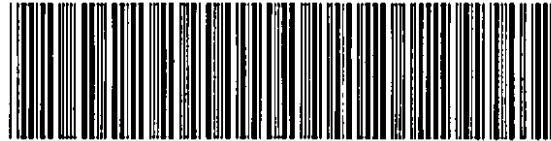
Special Instructions to Filing Officer:

Karen talk w/  
Georgetta's confirm  
it was OK to remove  
to D.C. Box 11/7/19

W19000097823

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Office Use Only



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2019 OCT 28 AM 9:27

2019 OCT 28



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2019

GEORGETTA H GANNON  
PO BOX 49  
6962 US HWY 460  
MEANS, KY 40346

SUBJECT: BONEAL INCORPORATED  
Ref. Number: W19000097823

We have received your document for BONEAL INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 419A00022892

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11/6/2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Boneal Incorporated

**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:  
Georgetta H. Gannon

_____	Name of Person
Boneal Incorporated	
_____	Firm/Company
PO Box 49, 6962 US Hwy. 460	
_____	Address
Means, KY 40346	
_____	City/State and Zip code
bookkeeping@boneal.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Ledford	606	768-3620
_____	at (_____)	_____
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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

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**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.*

Boneal Incorporated

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

Boneal Incorporated of Kentucky

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Kentucky 61-0972725 ✓

2. May 19, 1980 3. 61-0972725 ✓  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 19, 1980 5. 61-0972725  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 61-0972725  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6962 US Hwy 460 Means, KY 40346 ✓  
(Principal office address)

PO Box 640, Mount Sterling, KY 40353

(Current mailing address, if different)

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

CT Corporation System

Name:

1200 South Pine Island Road

Office Address:

Plantation,

33324

(City)

Florida

(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.*



**Peter Trawinski**  
**Assistant 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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

Oliver Keith Gannon

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

PO Box 640

Address: \_\_\_\_\_ ✓

Mount Sterling, KY 40353

David B. Ledford

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

PO Box 640

Address: \_\_\_\_\_ ✓

Mount Sterling, KY 40353

Georgetta H. Gannon

Secretary: \_\_\_\_\_ ✓

PO Box 640

Address: Mount Sterling, KY 40353

Georgetta H. Gannon

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

PO Box 640

Address: Mount Sterling, KY 40353

**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.

Georgetta H. Gannon, Secretary/Treasurer ✓

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

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

Boneal Incorporated

Application for Authorization to Transact Business in Florida – Addendum

**Section 11 (B):**

Additional Officer:

Vice President: Byron K. Craig ✓  
Address: PO Box 640  
Mount Sterling, KY 40353

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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: 221564

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,

**BONEAL, INCORPORATED**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 19, 1980 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 17<sup>th</sup> day of October, 2019, in the 228<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
221564/0146822

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