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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

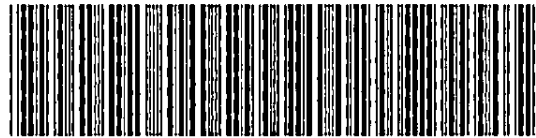
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICES

MILLER, GRIFFIN & MARKS, P.S.C.

271 WEST SHORT STREET
SECURITY TRUST BUILDING, SUITE 600
LEXINGTON, KENTUCKY 40507-1215

TELEPHONE (859) 255-6676
FAX (859) 259-1562

GREG A. HUNTER
GHUNTER@KENTUCKYLAW.COM

WWW.HORSELAW.COM
WWW.KENTUCKYLAW.COM

June 16, 2020

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Gravesco, Inc.

Dear Sir or Madam:

Enclosed please find the Cover Letter, Application By Foreign Corporation for Authorization to Transact Business in Florida and the original Certificate of Existence from the Kentucky Secretary of State for the captioned corporation, which we would appreciate your filing of record. Also, enclosed please find our firm's check in the amount of \$87.50 to pay for the filing fee, Certificate of Status and Certified Copy for the above-listed documents.

If you have any questions, please feel free to contact me.

With kindest regards, I remain,

Sincerely,


GREG A. HUNTER

Enclosures

cc: Gravesco, Inc.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAVESCO, INC.

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:

Greg A. Hunter

Name of Person

Miller, Griffin & Marks, P.S.C.

Firm/Company

271 West Short Street, Suite 600

Address

Lexington, KY 40507

City/State and Zip code

ghunter@kentuckylaw.com

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

For further information concerning this matter, please call:

Greg A Hunter

at (859) 255-6676

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. GRAVESCO, INC.

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

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

Kentucky 3. 61-1360876

(State or country under the law of which it is incorporated) (FEI number, if applicable)

January 21, 2000 5. Perpetual

(Date of incorporation) (Date of duration, if other than perpetual)

July 1, 2020

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

123 Commercial Drive, Frankfort, Kentucky 40601

(Principal office street address)

(Current mailing address, if different)

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

Name: Lawrence B. Graves

Address: 206 Sibert Avenue

Destin, Florida 32541

(City) (Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated corporation at the place stated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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)

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 of law of which it is incorporated.

For filing and indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DIRECTORS

☐ Chairman Name: Lawrence B. Graves
☐ Vice Chairman Address: 2123 Commercial Drive
☐ Director Frankfort, Kentucky 40601
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Tara B. Graves
☐ Vice Chairman Address: 2123 Commercial Drive
☐ Director Frankfort, Kentucky 40601
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed s may be added to the index when filing your Florida Department of State Annual Report form.

Lawrence B. Graves

Signature of Director or 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 e that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S.

3. Graves, Vice-President

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

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 232677

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

GRAVESCO, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 21, 2000 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 15th day of June, 2020, in the 229th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
232677/0487455