

F200000004908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

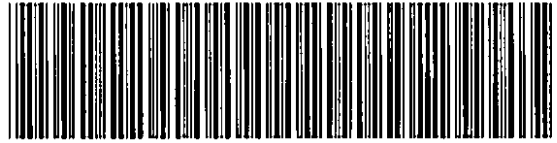
(Document Number)

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115588  
09/30



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09/30/20--01016--018 \*\*78.75

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2023 NOV -2 PM 2:47  
FILING OFFICE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kohrs Lonnemann Heil Engineers, 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:

Charles J Parnell

Name of Person

Kohrs Lonnemann Heil Engineers, Inc.

Firm/Company

1538 Alexandria Pike, Suite 11

Address

Fort Thomas, KY 41075

City/State and Zip code

cparnell@klhengrs.com

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

For further information concerning this matter, please call:

Charles J Parnell at ( 859 ) 442-4515  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2020

CHARLES J PARNELL  
1538 ALEXANDRIA PIKE STE 11  
FT THOMAS, KY 41075

SUBJECT: KOHRS LONNEMANN HEIL ENGINEERS, INC.  
Ref. Number: W20000115588

We have received your document for KOHRS LONNEMANN HEIL ENGINEERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 120A00019700

RECEIVED  
NOV 02 2020

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. Kohrs Lonnemann Heil Engineers, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

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

2. Kentucky 3. 61-0700189
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/05/2019 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/16/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1538 Alexandria Pike, Suite 11 Fort Thomas, KY 41075
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(City) (Zip code)

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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.

[Handwritten signature]

(Registered agent's signature) Kimberly Bowens, Asst. Secretary

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

A. DIRECTORS

Chairman Name: Robert A Heil  
 Vice Chairman Address: 1538 Alexandria Pike  
 Suite 11  
 Director  
 President Fort Thomas, KY 41075  
 Vice President  
 Secretary  Treasurer  
 Other CEO  Other

Chairman Name: James S Tavernelli  
 Vice Chairman Address: 1538 Alexandria Pike  
 Suite 11  
 Director  
 President Fort Thomas, KY 41075  
 Vice President  
 Secretary  Treasurer  
 Other  Other

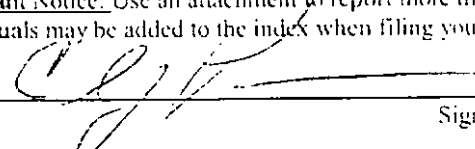
Chairman Name: Stephen N Federle  
 Vice Chairman Address: 1538 Alexandria Pike  
 Suite 11  
 Director  
 President Fort Thomas, KY 41075  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Robert A Lonnemann  
 Vice Chairman Address: 1538 Alexandria Pike  
 Suite 11  
 Director  
 President Fort Thomas, KY 41075  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Charles J Parnell  
 Vice Chairman Address: 1538 Alexandria Pike  
 Suite 11  
 Director  
 President Fort Thomas, KY 41075  
 Vice President  
 Secretary  Treasurer  
 Other CFO  Other

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

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

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.

13. Charles J Parnell CFO  
 (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: 237335  
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,

**KOHR'S LONNEMANN HEIL ENGINEERS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is December 5, 2019 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 19<sup>th</sup> day of October, 2020, in the 229<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
237335/1079557