

Division of Corporations

**F****2100005510**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number: (850)617-6353

From:

Account Name: C.T. CORPORATION SYSTEM  
Account Number: FCA000000023  
Phone: (614)280-3538  
Fax Number: (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**HAWORTH-MEYER-BOLEYN PROFESSIONAL ENGINEERS, INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

2021 SEP 27 4:57

STATE OF FLORIDA  
TALLAHASSEE

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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.*

1. HAWORTH MEYER BOLEYN PROFESSIONAL ENGINEERS, 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

61-0968333

2.

(State or country under the law of which it is incorporated)

11/19/1979

3.

(FEL number, if applicable)

4.

(Date of incorporation)

N/A

5.

(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)

3 HMB Circle Frankfort, KY 40601

7.

(Principal office 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 Road

Plantation,

(City)

Florida

33324

(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.*

By:



C T Corporation System

(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.

FILED  
 2021 SEP 27 AM 9:33  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

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

**A. DIRECTORS**

Chairman \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**B. OFFICERS**

Robert Dowler

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

3 HMB Circle

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

Frankfort, KY 40601

\_\_\_\_\_

Brad Meyer

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

3 HMB Circle

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

Frankfort, KY 40601

\_\_\_\_\_

Chris Stewart

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

3 HMB Circle Frankfort, KY 40601

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

Mitchell D. Green

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

3 HMB Circle Frankfort, KY 40601

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

**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.

13. Mitchell Green - Treasurer

(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: 254869

Visit <https://web.sos.ky.gov/show/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,

**HAWORTH-MEYER-BOLEYN PROFESSIONAL ENGINEERS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 19, 1979 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 21<sup>st</sup> day of September, 2021, in the 230<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
254869/0142450