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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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

Okolona Pest Control, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2022 NOV -2 11:4:03

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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. Okolona Pest Control, 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)

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

4. 05/16/1979 5. _____
(Date of incorporation) (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)

7. 5800 Poplar Level Road , Louisville, KY 40228
(Principal office street address)

(Current mailing address, if different)

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

Name: United Agent Group Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.

Tiffany Meeker, Special Secretary

Tiffany Meeker
(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.

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: Dennis Cone
☐ Vice Chairman Address: 5800 Poplar Level Road
Louisville, KY 40228
Director _____
President _____
☐ Vice President _____
Secretary _____ Treasurer _____
☒ Other CEO ☐ Other _____

☐ Chairman Name: Joseph Ward
☐ Vice Chairman Address: 5800 Poplar Level Road
Louisville, KY 40228
☐ Director _____
☐ President _____
☐ Vice President _____
Secretary _____ ☐ Treasurer _____
☒ Other Assistant Secretary ☐ Other _____


☐ Chairman Name: Kevin Mills
☐ Vice Chairman Address: 5800 Poplar Level Road
Louisville, KY 40228
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Donnie Blake
☐ Vice Chairman Address: 5800 Poplar Level Road
Louisville, KY 40228
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kassandra Mills
☐ Vice Chairman Address: 5800 Poplar Level Road
Louisville, KY 40228
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jerry Gahlhoff Jr.
☐ Vice Chairman Address: 5800 Poplar Level Road
Louisville, KY 40228
☒ 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.  Tiffany Meeker
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. Tiffany Meeker, Attorney-in-Fact
(Typed or printed name and capacity of person signing application)

**Additional Officers/Directors For
Okolona Pest Control, Inc.**

Julie Bimmerman-Treasurer/Director
5800 Poplar Level Road
Louisville, KY 40228

Elizabeth Chandler-Secretary
5800 Poplar Level Road
Louisville, KY 40228

Terry Blake-Vice President
5800 Poplar Level Road
Louisville, KY 40228

Patricia Smith-Assistant Secretary
5800 Poplar Level Road
Louisville, KY 40228

Steve Leavitt-Director/Vice President
5800 Poplar Level Road
Louisville, KY 40228

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: 280012

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,

OKOLONA PEST CONTROL, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 16, 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 27th day of October, 2022, in the 231st year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
280012/0117952