

F220000006787

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000368684 3)))



H220003686843ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2022 NOV -2 PM 1:32

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

Email Address: _____

2022 NOV -2 PM 4:03

FOREIGN PROFIT/NONPROFIT CORPORATION

Okolona Pest Control, Inc.

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

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)

2022 NOV - 2 PM 1:32

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/fts/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