

F23 0000004666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

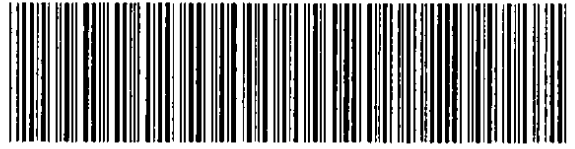
(Business Entity Name)

(Document Number)

Certific Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100411922451

07/11/23--01010--020 \*\*78.75

2023 AUG -4 PM 2:15  
[Signature]

W23-100235



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2023

KENNETH MCMAHAN  
3332 BEACON ST.  
LEXINGTON, KY 40513 US

SUBJECT: NATIONWIDE SEATING, INC.  
Ref. Number: W23000100235

We have received your document for NATIONWIDE SEATING, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 423A00016346

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nationwide Seating, 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:

Kenneth McMahon  
Name of Person  
Nationwide Seating, INC.  
Firm/Company  
3332 Beacon St.  
Address  
Lexington, KY 40513  
City/State and Zip code  
Kennwsseating.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth McMahon (859) 270-7874  
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. Nationwide Seating, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Kentucky 3. 92-3459288  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/11/23 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 3332 Beacon St., Lexington, KY 40513  
(Principal office street address)

Same  
(Current mailing address, if different)

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

Name: Rocket Lawyer Corporate Services LLC

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301  
(City) (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.*

Edna Perry Edna Perry, Asst. Secretary Rocket Lawyer Corporate Services LLC  
(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]:

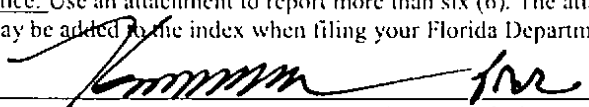
A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Kenneth McMahon</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>3332 Beacon St.</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Lexington, KY 40513</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>Kenneth McMahon</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>3332 Beacon St.</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Lexington, KY 40513</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>Kenneth McMahon</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>3332 Beacon St.</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Lexington, KY 40513</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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. Kenneth McMahon, Pres.  
(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: 293315

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,

**NATIONWIDE SEATING, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is April 11, 2023 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 28<sup>th</sup> day of June, 2023, in the 232<sup>nd</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
293315/1274027