

# F 9500000554

LAW OFFICES

CONLITTE, SANDMANN & SULLIVAN \_\_\_\_\_

4100 WESTPORT ROAD

SUITE 111

ST. MATTHEWS, KENTUCKY 40207  
(Address)

\_\_\_\_\_  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

*JS*

200001884802  
-02/01/95--01028--0004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Phil Huffman and Associates, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -1 PM 2:11

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. PHIL HUFFMAN AND ASSOCIATES, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KENTUCKY 3. 61-1061638  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/2/85 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2/1/95  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 700 E. 10th Street Reg Agent in Ky: E. Bruce Neikirk  
Jeffersonville, IN 47130 4169 Westport Rd., Ste 111  
Louisville, KY 40207  
(Current mailing address)
8. Sales and Repairs of Vaccuums  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
- Name: Phillip M. Huffman
- Office Address: 3333 #4 N Washington Blvd.  
Sarasota Florida, Florida, 34234  
(Zip Code)

10. 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.

Phillip M. Huffman  
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Phillip M. Huffman

Address: 3333 H. WASHINGTON BLDG.  
SASASIA FL 34234

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

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

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

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

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

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

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B. OFFICERS

President: Phillip M. Huffman

Address: 3333 H. WASHINGTON BLDG.  
SASASIA FL 34234

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

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

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

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

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

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.



(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Phillip M. Huffman, President and Chairman  
(Typed or printed name and capacity of person signing application)



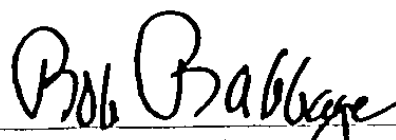
OFFICE OF THE SECRETARY OF STATE  
**CERTIFICATE OF EXISTENCE  
DOMESTIC CORPORATION**

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, PHIL HUFFMAN AND ASSOCIATES, INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is JANUARY 2, 1985; and whose period of duration is PERPETUAL.

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 24TH day of JANUARY, 1995.

  
BOB BABBAGE  
Secretary of State

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SECRETARY OF STATE  
COMMONWEALTH OF KENTUCKY  
95 FEB -1 PM 3:00