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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

5000001572219
-08/29/95--01062--013
*****70.00 *****70.00

SUBJECT: Moore Diversified Products, 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", 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:

Sherri Simpson
(Name of Person)

Moore Diversified Products, Inc.
(Firm/Company)

1441 Sunshine Lane
(Address)

Lexington, KY 40505
(City/State/Zip)

RECEIVED
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

Sherri Simpson
(Name of Person)

at (606) 299-6288
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. Moore Diversified Products, 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
(State or country under the law of which it is incorporated)
3. 61-1090590
(FEI number, if applicable)
4. 3/3/86
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 7/1/95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.153, F.S.))
7. 1441 Sunshine Lane
Lexington, KY 40505
(Current mailing address)
8. Manufacturer For the purpose of resale
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Mark Stuhleyer
Office Address: 6117 55th Terrace East
Bradenton, FL, Florida, 34203
(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.

Mark V. Stuhleyer
(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: G. James Phelps

Address: 621 Lakeshore Dr.

Lexington, Ky. 40505

Vice President: _____

Address: _____

Secretary: Virginia Phelps

Address: 621 Lakeshore Dr.

Lex., Ky. 40505

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. G. James Phelps, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, MOORE DIVERSIFIED PRODUCTS
INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is JANUARY 13, 1986 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 7TH day of AUGUST,
19 95.

Bob Babbage
BOB BABBAGE