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		RANSMITT				
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TO: QUAL DIVISI	FICATION/TAX LIEN	N SECTION IONS				
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SUBJECT:	Shelby_County (NaGatufa	Core Supply.	Inc.			e de mais se se de la de se second
Dear Sir or	, ,					

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:





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Sec. Sec. Berline

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

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Sec. 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:

	Kentucky		3.	•	61-060				-
ها د	to or country under the law of whi	ich it is incorr 			FEI numbi	r, if applic	able)		
-	5-2-63 (Data of incorporation)	3	Pacper	CUAL	r corp. wi		exist or 'p		-
	5-1-95 In first transacted business in Flor	ide. des soute					-	95	DIAI
	102 West Collins Court							DEC	21011
	Louisvil	lle, KY 40	214	_				*	ir ce
	(Current	mailing addre						AH	NPU!
(P	To transact any or all is incorporated in the state supose(s) of corporation authors	wful busi	ness for cky (and	whie Flor	ch corpo	rations	may be	9: 36	10112
						g out n'n	a tibib gl	riongi	μ
N	ame and street address o	of Fiorida (egistered	d ag	ent				
	Name:CT_(Corporatio	n System			•			
	Office Address:1200) S. Pine	Island Ro	oad_		-			
					_				

10. Registered agent's acceptance:

Having been named as registered egent 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.

(Regist and so

GL Haffield, Asst. Secy 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: DIRECTORS Cheimen; _____ Address: _____ Vice Chairmen: _____ Address: _____ (Sole) William P. Lowe, Jr. Director: _ Address: 102 West Collins Court Louisville, KY 40214 Director: _____ Address: _____ **OFFICERS** 35 DEC -8 AM 9: 36 President William P. Lowe, Jr. _____ Address: 102 West Collins Court Louisville, KY 40214 Vice President: _____ Address: _____ Secretary: ______ William P. Lowe, Jr.___ Address: 102 West Collins Court Louisville, KY 40214 Treasurer: William P. Lowe, Jr. Address: 102 West Collins Court Louisville, KY 40214

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

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

14. William P. Lowe, Jr., President (Typed or printed name and capacity of person signing application)

В.

13.



OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE DOMESTIC CORPORATION

95 DEC -8 MM 9:

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, <u>SHELBY COUNTY CORE SUPPLY, INC.</u>

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is <u>MAY 2, 1963</u>; and whose period of duration is <u>PERPETUAL</u>.

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 <u>4TH</u> day of <u>DECEMBER</u>, 19 <u>95</u>.

at lage BOB BABBAGE

Secretary of State Commonwealth of Kentucky