59700000657/

CT CORPORATION SYSTEM		
660 EAST JEFFERSON STR	EET.	
Requestor's Name TALLAHASSEE, FL 3230	1 -	
Address 2		00002370716-3
City State Zip	Phone Later Commence of the Co	-12/12/9701065002 *****96.25 *****78.75
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() Limited Liability Co. Foreign	() Dissolution/Withdrawal	() Mark
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() Reinstatement	() Reservation	() Change of R.A. () Fictitious Name Filing
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Verifier	1-1/e 19115C	हाते. "सम्
Acknowledgment	! <u></u>	Thanks, - Jeff
W.P. Verifier		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	OPM Services, Inc.			
••	(Name of corporation: must includ words or abbreviations of like impe	ort in language as will clearly indic	cate that it is a corporation instead	
	of a natural person or partnership	if not so contained in the name at	present.)	
2.	Kentucky	2 -	3 61-12/16/4	
	(State or country under the law of	3. <u>61-12/16/4</u> (FEI number, if applicable)		
4.	1-10-92	5. Perpetual		
	(Date of Incorporation)	(Duration: Year corp. will cea	se to exist or "perpetual")	
6.	N/A		อมขึ้ 97	
	N/A (Date first transacted business in	Florida. (See sections 607.1501,	607.1502 and 817.156工F.S第至	
7.	1000 W. Ormsby Street, S		S FETT	
- •			P COR	
	Louisville, Kentucky 40		PM RPG	
	(Current r	nailing address)	STATE RATIO	
8.	All purposes which a corporation authorized	ration may be authorized to	o transact in the state of Flo	
9.	Name and street address of Flor Name: <u>C T (</u>	ida registered agent:		
		T Corporation System, 1200	South Pine Island Road	
		ation , Florida, <u>3</u>		
10.	Registered agent acceptance:			
regis all s	ing been named as registered a oration at the place designate stered agent and agree to act in tatutes relative to the proper an accept the obligations of my po	d in this application. I hereb this capacity. I further agree to d complete performance of my	y accept the appointment as	
	c ·	T CORPORATION SYSTEM		
		and a Record		
	(Regis	tered agent's signature) (Officer)		

Carol A. Record, Asst. Sec'y

(Type Name and Title of Officer)

- 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:

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Chairman:	W. Kent Oyler, III
Address:	1000 77 0 1 77
-	Louisville, Kentucky 40210
Vice Chairman	n:
Address:	97 DE(
	97 DEC 12
Director:	
Address:	
<u>Director:</u>	
Address:	
B. OFFICERS	
Executive Manager	W. Kent Oyler, III
Address:	1000 W. Ormsby Street, Suite 120
	Louisville, Kentucky 40210
Vice President	
Address:	
Secretary:	W. Kent Oyler, III
Address:	1000 W. Ormsby Street, Suite 120
	Louisville, Kentucky 40210

	1	CI CINCINNHII	P.10/10
, .	Treasurer: _	W. Kent Oyler, III	•
	Address:	1000 W. Ormsby Street, Suite 120	
		Louisville, Kentucky 40210	
13	ors.	may attach an addendum to the application listing additional	
(Signature	of Chairman, \	/ice Chairman, or any officer listed in number 12 of the application)	·
14. <u>W.</u> 3	Kent Oyler,	III, Executive Manager	
.(Typed or	orinted name a	nd capacity of person signing application)	

CI CINCINNHII



John Y. Brown III Secretary of State

Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SECRETARY OF STATE DIVISION OF CORPORATION

OPM SERVICES, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is January 10, 1992 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 271B.16-220 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 5 th day of December, 1997.

HN Y. BROWN III

Secretary of State

Commonwealth of Kentucky

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