

F 99000000169

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Cutting Edge Services, Incorporated  
(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:

Mary L. Cottrell  
(Name of Person)

900002736619--5  
01/11/99--01099--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Cutting Edge Services, Inc.  
(Firm/Company)

114 N. 11th St.  
(Address)

Louisville, KY 40203  
(City/State/Zip)

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

Mary L. Cottrell at ( 502 ) 584-5203  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRET  
TALLAHASSEE, FLORIDA

99 JAN 11 PM 2:56

FILED

STREET ADDRESS:

Qualification/Tax Lien Section  
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

Enclosed is a check for the following amount:

- ☒ \$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. Cutting Edge Services, 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. 61-1319520  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-31-97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Have not yet begun any work. We are just bidding on a job in  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) your state
7. 1107 W. Main St.  
Louisville, KY 40203  
(Current mailing address)
8. Cut & saw concrete  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
Name: C T Corporation System  
Office Address: 1200 S. Pine Island Road  
Plantation, Florida, 33324  
(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.*

Susan J. Metz  
(Registered agent's signature)

Susan J. Metz  
Assistant Secretary

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: Louis A. Kaufman (CEO)

Address: 3807 Old Brownsboro Hill Louisville, KY 40241

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

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

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

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

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

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

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

President: Tim Beckman

Address: 807 Eight Mile Rd. Cincinnati, OH 45255

Vice President: Billy J. Combs

Address: 922 Greenleaf Dr. New Albany, IN 47150

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

13. L.A. Kaufman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Louis A. Kaufman (CEO)

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



**John Y. Brown III**  
**Secretary of State**  
**Certificate of Existence**

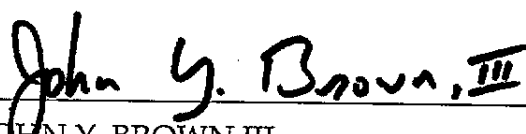
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**CUTTING EDGE SERVICES, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is December 31, 1997 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 10<sup>th</sup> day of December, 1998.

  
JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky  
tbates/0443711

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA