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SECRETARY OF STATE
TALLAHASSEE

T. HAMPTON

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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: Certified Construction Company of Kentucky LLC |
|---|
| Name of Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| ALLAN W BUCKLES President |
| Name of Person |
| Certified Construction Company of Kentucky LLC |
| Firm/Company |
| P. O. Box 876 |
| Address |
| Radcliff KY 40159 |
| City/State and Zip Code |
| awbuckles@bbtel.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ALLAN W BUCKLES President at (270) 351-2441 |
| Name of Person Area Code & Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{ Filing Fee}\$ Certificate of Status \$\int\\$\$155.00 \text{ Filing Fee & Certificate of Status}\$ \$\int\\$\$160.00 \text{ Filing Fee, Certificate of Status}\$ Certified Copy |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Certified Construction Company of Kentucky LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
|------------|---|
| | (Name of Foreign Limited Liability Company, must include Limited Liability Company, L.L.C., of LLC.) |
| co | f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.") |
| | Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-0896509 (FEI number, if applicable) |
| 4. | APRIL 14 2004 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to |
| , | Future exist or "perpetual") |
| υ, | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. | m × m |
| | VINE GROVE KY 40175 (Street Address of Principal Office) |
| 8. | If limited liability company is a manager-managed company, check here |
| 9. | The name and usual business addresses of the managing members or managers are as follows: |
| | ALLAN W BUCKLES President MEMBER P.O. Box 876 Radcliff, KY 40159 |
| | WILLIAM HOLBERT Vice-President P.O. Box 876 Radcliff, KY 40159 |
| the tra | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unslation of the certificate under oath of the translator must be submitted.) |
| 11 | 1. Nature of business or purposes to be conducted or promoted in Florida: |
| | Heavy & Highway Construction |
| | |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the |
| | penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |

President

Typed or printed name of signee

ALLAN W BUCKLES

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT , TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If unavailable, the ale | ternate to be used in | the state of Flor | rida is: | |
|-------------------------|-----------------------|---------------------|-------------------|--|
| 2. The name and the | Florida street addre | ss of the registe | red agent and off | ice are: |
| CT | Corporation Syste | ∍m | | |
| | | (Name) | | <u> </u> |
| 120 | 0 South Pine Isl | and Road | | |
| | Florida Street | Address (P.O. Box | NOT ACCEPTABLE) | |
| Pla | ntation | FL | 33324 | |
| | , | City/State/. | Zip | |
| liability company at th | he place designated i | n this certificate, | I hereby accept t | the above stated limited the appointment as register ovisions of all statutes iltar with and accept the |

Laura Broderick Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

Commonwealth of Kentucky Elaine N. Walker, Secretary of State

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 119420

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx.to.authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CERTIFIED CONSTRUCTION CO. OF KENTUCKY, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 14, 2004 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 filled; and that the most recent annual report required by: KRS\14A.6-010 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 4th day of November 2011, in the 220th year of the Commonwealth.



Elaine N. Walker Secretary of State Commonwealth of Kentucky 119420/0583658

e W. Waller