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COVER LETTER

Registration Section

TO:

SUBJECT: RJ Corman Signaling, 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:
Patrick Johnson
Name of Person
RJ Corman Railroad Group, LLC
Firm/Company
PO Box 788
Address
Nicholasville, KY 40340
City/State and Zip Code
patrick.johnson@rjcorman.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To future information concerning this matter, prease can.
Patrick Johnson at (859) 881-6516
Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

R.J. Corman Signaling, I		IAIEOF FLORIDA:	
(Name of Foreign Limited L	iability Company; must include '	'Limited Liability Company," "L.I	C.," or "LLC.")
(If name unavailable, enter alternate consent of the managers or managin Company," "L.L.C," "LLC.")	name adopted for the purpose o g members adopting the alternat	f transacting business in Florida ar e name. The alternate name must i	nd attach a copy of the written nclude "Limited Liability
2. Kentucky	3.	46-2193190	
(Jurisdiction under the law of whicompany is organized)	ch foreign limited liability	(FEI number, if appl	icable)
4. 10/1/2013			
(Date f (See sect	irst transacted business in Floridions 605.0904 & 605.0905, F.S.	a, if prior to registration.) to determine penalty liability)	-1 P2
5. 101 RJ Corman Dr			SECTION SECTION
Nicholasville, KY 40340			
	(Street Address of I	Principal Office)	
6. PO Box 788			
Nicholasville, KY 40340			1.43 0.3.0
-	(Mailing A	(ddress)	>
7. The name, title or capacity	and address of the person	(s) who has/have authority to	manage is/are:
Patrick Johnson, Director -	Finance		
			
8. Attached is an original certificate of in the jurisdiction under the law of w translation of the certificate under oat	hich it is organized. (A photocopy	y is not acceptable. If the certificate ted.)	
penalties of perjury t document to the De	ection 605.0203, F.S., the execution hat the facts stated herein are true. I	of this document constitutes an affirm am aware that any false information hird degree felony as provided for	on submitted in a

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Com	pany is:	
RJ Corman	Signaling, LLC		·
If unavailable	, the alternate to be used in t	he state of Florida is:	
2. The name	and the Florida street addres.	s of the registered agent and office are:	
	Mike Wilson		
		(Name)	
	1845 Town Center Blvd	d, Suite 550	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Orange Park,	FL 32003	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

(Signature)

\$ 100.00

Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECREDARY OF STATE

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

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

Certificate of Existence

Authentication number: 146841

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

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

R.J. CORMAN SIGNALING, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 7, 2013 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 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 8th day of January, 2014, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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