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C LEWIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 453312 4321551

AUTHORIZATION :

COST LIMIT : \$ 125.00

\_\_\_\_

ORDER DATE : January 9, 2017

ORDER TIME : 2:35 PM

ORDER NO. : 453312-025

CUSTOMER NO: 4321551

#### FOREIGN FILINGS

NAME: CHARAH, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62935

EXAMINER:

## COVER LETTER

TO:	Registration Section Division of Corporation	ons							
CAUDIT	CCT.	Cha	rah, LLC						
Name of Limited Liability Company									
The end Existen	closed "Application by Foce, and check are submit	oreign Limited Liability Comp ted to register the above refere	any for Authorization to Trenced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida					
Plcase	return all correspondence	concerning this matter to the	following:						
		Cynthia McDaniel							
	<del></del>	Na	ame of Person						
		Moore & Van Allen PLLC							
	Firm/Company								
		100 North Tryon Street, Suite 4700							
	Address								
	Charlotte NC 28202								
	No of the latest	City/State and Zip Code							
		BKramer@charah.com							
		E-mail address: (to be used	for future annual report no	tification)					
For fur	ther information concern	ing this matter, please call:							
	Cynthia J. McI	Daniel	at ( 704 )	331-3516					
	Namo	of Contact Person		ytime 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						
Enclos	ed is a check for the folloup \$125.00 Filing Fee	owing amount:  S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

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

1 0	Charah, LLC							
(Name of For	(Name of Foreign Limited Linbility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")							
(If name unavailable, enter a Liability Company," "L.L.C,	iternate name adopted for th	e purpose of trans	acting busine	ss in Florida. The alterna	te name must include "Limited			
Vantual			61-112700	φ.				
<b>L</b> .	of which foreign limited lia	Jbility 3.	61-112709	(FEI number, if appli	cable)			
company is organized)		•		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
4	(Date first transact	ed business in Flo	rida if prior to	registration )	<del></del>			
	(Date first transactions (See sections 605,090)	04 & 605.0905, F.	S. to determin	e penalty liability)				
5		····	·····		<b>~</b> ?			
12601 Plantside Driv	ve, Louisville KY 40299				<b>3</b>			
· · · · · · · · · · · · · · · · · · ·	(Street Ad	dress of Principal	Office)					
6				· · · · · · · · · · · · · · · · · · ·				
	e, Louisville KY 40299				2011 JAH -9 AH 10: 04			
		Mailing Address)			<u> </u>			
7. Name and street address	ss of Florida registered ag	gent: (P.O. Box	NOT accept	table)	ب			
Name:	Corporation Service Co	-	•	•	F			
	1201 Hays Street			<del></del>				
Office Address:				<del>-</del>				
	Tallahassee			, Florida <u>32301</u>	•			
Registered agent's accep		(City)		(Zip cod	(e)			
designated in this applica	tion, I hereby accept the ons of all statutes relativ	appointment as to the proper i	registered and complete	igent and agree to act e performance of my (	l liability company at the place in this capacity. I further agree duties, and I am familiar with a Courtney Williams Asst. Vice Presiden			
O. The same tisk or same			•					
<ol><li>The name, title or capa Charles E. Price, Ma</li></ol>	•	erson(s) who ha de Drive, Louis		<del>-</del>				
Charles E. Frice, wa	illager 12001 Francsi	de Dirve, Louis	VIIIC K 1 40.					
		· · · · · · · · · · · · · · · · · · ·			····			
O. Attached is a certificate urisdiction under the law of the translator must be so	of which it is organized. (	(If the certificate	e is in a forei	gn language, a translat	iving custody of records in the ion of the certificate under oath			
This document is executed	I in accordance with secti-	on 605.0203 (1)	(b), Florida	Statutes, I am aware th	at any false information			
submitted in a document to	the Department of State	constitutes a thi	rd degree fel	ony as provided for in	s.817.155, F.S.			
	Charles E. Price							

Typed or printed name of signee

# 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: 184720

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> 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,

## CHARAH, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 29, 1987 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 6<sup>th</sup> day of January, 2017, in the 225<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

184720/0234550