



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a ☒ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).  
☐ business trust (KRS 386). ☐ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).  
☐ limited partnership (KRS 362).

2. The name of the entity is The Celedinas Agency, Inc.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Florida

5. The date of organization is 01/01/1988

and the period of duration is perpetual

(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is

4183 Northlake Blvd

Palm Beach Gardens FL

33410

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

400 West Market Street, Suite 1800

Louisville

KY

40202

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is National Registered Agents, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Ray S. Celedinas

4283 Northlake Blvd

Palm Beach Gardens FL

33410

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is

(Delayed effective date and/or time)

Signature of Authorized Representative

Ray S. Celedinas, President

09/05/2012

Printed Name & Title

Date

1. National Registered Agents, Inc.

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Signature of Registered Agent

Jessica Metzger, Assistant Secretary

Printed Name

Title

Date

(01/12)

09/05/2012

# *State of Florida*

## *Department of State*

I certify from the records of this office that THE CELEDINAS AGENCY, INC. is a corporation organized under the laws of the State of Florida, filed on December 9, 1987, effective January 1, 1988.

The document number of this corporation is K05938.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 4, 2012, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the Fifth  
day of September, 2012*

*Ken DeFuria*

*Secretary of State*



Authentication ID: 300239277153-090512-K05938

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<h3><u>Certificate of Status Authentication</u></h3>					
<p>The information listed below was used to create the certificate for the listed authentication number.</p>					
Authentication Number	300239277153-090512-K05938				
Document Number	K05938				
Corporate Name	THE CELEDINAS AGENCY, INC.				
State of Inc	FL				
Filing Date	12/09/1987				
Document Type	Florida Corporation				
Document Status	ACTIVE				
Effective Date	01/01/1988				
Last Trans Date	N/A				
Last Trans Effective Date	N/A				
Last Annual Report Date	01/04/2012				
Last Annual Report Year	2012				
Cross Reference Name	N/A				
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