

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

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10/12/2023

Date

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 10/23/2023 11:56 AM Fee Receipt: \$90.00

Division of Business Filings	Certific	ate of Authority		ree Receipt: \$90.	00	
P.O. Box 718		Business Entity)	_			
Frankfort, KY 40602 (502) 564-3490	(	, ,				
www.sos.ky.gov						
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow		applies for authority to transact	business in Kentu	cky on behalf of the	entity named below	
1. The entity is a: profit corpora	nprofit corporation professional limited liability company					
business trus		ed liability company	ability company statutory trust		. ,	
limited partne		Itd cooperative association public benefit corporation				
non-profit llc	· —	professional service corporation other				
2. The name of the entity is F.H. Furr	•	•				
		name on record with the Sec	retary of State.)		<del></del> -	
3. The name of the entity to be used in h			,			
5. The name of the entity to be used in r	(C	Only provide if "real name" is	unavailable for u	se; otherwise, leave	e blank.)	
4. The state or country under whose law	the entity is organized is Virg	inia			·	
5. The date of organization is 03/29/19		and the period of durati			·	
6. The mailing address of the entity's pr	noinal office is		(If left blank, du	uration is considere	d perpetual.)	
<ol><li>The mailing address of the entity's pri 201 E. Kennedy Blvd.</li></ol>	ncipal office is	Tampa	FL	33602		
Street Address		City	State	Zip Cod	<u> </u>	
7. The street address of the entity's regi	stered office in Kentucky is	•				
421 West Main Street	stored office in recritating to	Frankfort	KY	4060	)1	
Street Address (No P.O. Box Numbers)		City		State	Zip Code	
and the name of the registered agent at	hat office is Corporation S	ervice Company			_	
			managara truata	oo or goneral partne	·	
8. The names and business addresses		-	_		15).	
	201 E. Kennedy Blvd.	<u>Tampa</u>	FL FL	33602		
Name William Matson	Street or P.O. Box 201 E. Kennedy Blvd.	City	State FL	<b>Zip Cod</b> 33602		
Name	Street or P.O. Box	Tampa City	 State	Zip Cod		
Gideon Moore	201 E. Kennedy Blvd.	Tampa	FL	33602		
Name	Street or P.O. Box	City	State	Zip Cod		
If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the Uni					
10. I certify that, as of the date of filing the	is application, the above-name	ed entity validly exists under the	laws of the jurisdi	ction of its formation.		
11. If a limited partnership, it elects to be	a limited liability limited partne	rship. Check the box if applica	able:			
12. If a limited liability company, check	box if manager-managed:					
13. This application will be effective upor	ı filing.					
Lidion Made	ideon Marie			0 ( ) 0 000	2	
( ` '		Gideon Moore, Secretary		October 2, 2023		
Signature of Authorized Representative		Printed Name & Title		Date		
Comparation Compiler Comm						
I, Corporation Service Company Type/Print Name of Registered Agent		, consent to serve as the reg	istered agent on b	ehalt of the business	entity.	

Corporation Service Company Assistant Secretary

Title

**Printed Name** 

Stephanie Schipper

Signature of Registered Agent

## FILING INSTRUCTIONS APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A FOREIGN BUSINESS ENTITY

#### TYPE OF FORMATION

The business entity must indicate its type pursuant to the provisions of KRS14A-030 by checking the appropriate box.

#### NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

#### DATE OF ORGANIZATION AND DURATION

The date of organization is the date the business entity filed with the secretary of state or other official having custody of corporate records. The period of duration of the business entity is that period which is stated in the organization filing. (May be perpetual or a total number of years.)

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

#### **CONSENT OF REGISTERED AGENT**

Unless the registered agent signs the form, the business entity must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the business entity. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

#### **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### WHO MAY SIGN

The document must be signed by an officer, chairman of the board, member, manager, trustee or a partner.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

#### **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### **FILING FEE**

The filing fee is \$90.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

# MAILING ADDRESS Michael Adams Secretary of State P.O. Box 718

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

**OFFICE LOCATION** 

Frankfort, KY 40602-0718 Hours of Operation: 8:00 AM-4:30 PM ET

#### **CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

#### **FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.

# Commonwealth & Hirginia



# State Corporation Commission

### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That F. H. FURR PLUMBING, HEATING & AIR CONDITIONING, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on March 29, 1988;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORPORATION COMPANY SSION 1903

Signed and Sealed at Richmond on this Date:

August 21, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023082119148647