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Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/26/2015 8:46 AM Fee Receipt: \$250.00

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

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,

MCMAHAN INSURANCE AND FINANCIAL GROUP, INCORPORATED

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is March 26, 2015.

I further certify that MCMAHAN INSURANCE AND FINANCIAL GROUP, INCORPORATED is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is April 19, 2005, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of March, 2015.



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Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 0611187

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Alison Lundergan Grimes Secretary Of State Filings Division P.O. Box 718 Frankfort, KY 40602-0718 0611187 IMPORTANT NOTICE

NOTICE Keep this copy for your records

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

How to obtain a full page copy of your business filing

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at <u>www.sos.ky.gov</u>. If you would like to request copies of the document from our office, please download the Records Request Form at <u>www.sos.ky.gov</u> and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

MCMAHAN INSURANCE AND FINANCIAL GROUP, INCORPORATED 9700 PARK PLAZA LOUISVILLE KY 40241