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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number))
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Special Instructions to F	Filing Officer:	
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2022 HAR 23 PM 8: 02

S. FRANKLIN APR 0 4 2022

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Plank and Hide Co.			
	-3.47.	Name	of corporation	- must include suffix	-
Dear S	ir or M	adam:			
"Certif	icate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to tr	of Good Stan	Authorization to Transact Business in I ding" and cheek are submitted to regist ss in Florida.	florida," er the
Please	return a	all correspondence concerni	ng this matter	to the following:	
Amy B	rown				
			Name of I	'erson	
Katz Te	eller				202
			Firm/Com	pany	2022 HAR 23
255 E F	ifth St S	Ste 2400			₩
			Addre	SS	<u>'\'</u>
Cincinn	ati OH-	45202			-0
abrown	@katzte	Her.com	City/State ar	d Zip code	PH 8: 02
		E-mail address	(to be used fo	or future annual report notification)	
For furt	her inf	ormation concerning this ma	atter, please ea	all:	
Amy Br	מעוט		513	977-3486	
	Name	of Person	Area Code) 977-3486 Daytime Telephone Number	
	Regist Division The Co 2415 N	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ake che	heck for the following amounts payable to: FLORIDA DE ag Fee	Fartment (\$78.75 Filing Fee & S87.50 Fi	e of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

·	: Co.			
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in F	lorida)
Ohio	3. ⁴⁷⁻¹²⁶⁷¹³⁵			
(State or count 07/03/2014	ry under the law of which it is incorporated) 5.	(FEI number, if applicable)		
(Dat	e of incorporation)	(Date of duration, if other th	ian perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability	y)	
2721 E Sharon R	toad Cincinnati OH 45241			
		: street address)		
	/Communication			
	(Current maning	address, if different)		
	(Current maning	address, if different)		
Name and <u>stre</u>	et address of Florida registered agent: (P.O.	·		202
		·	÷	2022 H.
Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Cogency Global Inc.	·	÷	2022 HAR 2
Name:	et address of Florida registered agent: (P.O.	·	3	2022 HAR 23
Name:	et address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4	Box <u>NOT</u> acceptable)	.: 5 :	2022 HAR 23 PM
Name:	et address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4	·		23 PM
Name: fice Address:	et address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4 Tallahassee (City)	Box <u>NOT</u> acceptable) — , Florida 32301		23 PM
Name: fice Address: Registered ag	ct address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4 Tallahassee (City) cnt's acceptance:	Box NOT acceptable) , Florida 32301(Zip code)	cornoration of	23 PM 8: 02
Name: fice Address: Registered ag ving been name ignated in this	ct address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4 Tallahassee (City) cent's acceptance: and as registered agent and to accept service tapplication, I hereby accept the appointme	Box NOT acceptable) , Florida 22301 (Zip code) of process for the above stated on as registered agent and agree	to act in this	23 PM 8: 02 planting the planting capacity
Name: fice Address: Registered ag ving been nam ignated in this ther agree to c	ct address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4 Tallahassee (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes reli	Box NOT acceptable) , Florida 32301 (Zip code) of process for the above stated on as registered agent and agree ative to the proper and complete	to act in this	23 PM 8: 02 planting the planting capacity
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Name: fice Address: Registered agoing been namesignated in this ther agree to come	ct address of Florida registered agent: (P.O. Cogency Global Inc. 115 N Calhoun St Ste 4 Tallahassee (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes reli	Box NOT acceptable) , Florida 32301 (Zip code) of process for the above stated on as registered agent and agree ative to the proper and complete	to act in this	23 PM 8: 02 planting the planting capacity

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Scoretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
□Chairman	Name: Erik W. Mueller	□ Chairman	Name: Chris Probst 2721 E Sharon Rd Address:			
L IVice Chairman	Address: 2724 E Sharon Rd	UVice Chairman				
Director	Cincinnati OH 45241	[]Director	Cincinnati (OH 45241		
□President		President		··		
FiVice President		[]Vice President				
ElSecretary	☐Treasurer	☐ Secretary		Treasurer		
€Other		[]Other		[]Other		.=.
[]Chairman	Name:	⊕Chairman	Name:			
L IVice Chairman	2721 E Sharon Rd	ElVice Chairman				
[]Director	Cincinnati OH 45241	[]Director				
□President		□President				
□Vice President		□Vice President				
Secretary	■ Treasurer	☐ Secretary		☐Treasurer		
lOther	L1Other	{ Other		!]]Other		
			. 			
□Chairman	Name;	□ Chairman	Name:		2022 HAR	
∐Vice Chairman	Address:	□Vice Chairman	Address:	<i>J</i>	~ 2 -2	 <u>=</u> .
Director		Director	<u> </u>		<u></u>	
□President		∐President		*	œ	م. نسبه
□Vice President		☐Vice President		, pa	02	
☐Secretary	Treasurer	□ Secretary		□Treasurer		
TOther		DOther		[]Other		
mportant Notice: Undividuals may be :	ise an attrophent to begort more than six (6). The attached to the tuling when filing your Florida Department of Director of D	nt of State Annual Rep	ort form.		on-index	:ed
The officer or direct he is aware that fals .817.155, F.S.	or signing this document (and who is listed in number se information submitted in a document to the Departs	r 11 above) affirms tha	t the facts state	ed herein are true	and that	the or in

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

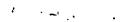
I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show PLANK AND HIDE CO., an Ohio corporation, Charter No. 2308617, having its principal location in Cincinnati, County of Hamilton, was incorporated on July 3, 2014 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of March, A.D. 2022

Ohio Secretary of State

Validation Number: 202208102144





March 10, 2022

AMY BROWN 255 E FIFTH ST STE 2400 CINCINNATI, OH 45202 US

SUBJECT: PLANK AND HIDE CO. Ref. Number: W22000031490

We have received your document for PLANK AND HIDE CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II



Letter Number: 622A00005786