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Division of Corporations

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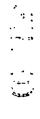
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christy.grey@hmiglass.com Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION HOSKIN & MUTRING

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 667.1563, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I. Hoskin & Mui					
	corporation; must include "INCORPORATED," Corp.," "Inc.," "Co.," or "Corp.")	` "COMPA	SY." "CORPORATION		
(If name unavai	lable in Florida, enter alternate corporate name.	idopted for t	he purpose of transacting	business in Florida)	
California		94-2319959	2319959		
	ry under the law of which it is incorporated)		(FEI number, if applicable)		
01/06/1976	5.				
(Dat	of incorporation)	(D:	(Date of duration, if other than perpetual)		
Upon Filling	(Date firs: transacted business in (SEE SECTIONS 607.1501 & 607.15 ville Road, Louisville, KY 40218			y)	
Upon Filling	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	02, F.S., ໝໍເ	etermine penalty liability	y)	
Upon Filling	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	02, F.S., to c	etermine penalty liability		
. Upon Filling 4795 Shepherdso	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 rille Road, Louisville, KY 40218 (Principal offic	02, F.S., to describe street add	ress)		
. Name and stre	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 rille Road, Louisville, KY 40218 (Principal offic (Current mailing)	02, F.S., to describe street add	ress)	10.00	
. Upon Filling 4795 Shepherdso	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 rille Road, Louisville, KY 40218 (Principal offic (Current mailing) et address of Florida registered agent: (P.O.C.T Corporation System)	02, F.S., to describe street add	ress)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

	SEAN L. EMERICK, ASSISTANT SECRETARY	
Ву:		 And the Co
	(Registered agent's signature)	

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 Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Certis McClamrock Sharon Adams □Chaimpan Chairman. 4795 Shepherdsville Road 4795 Shepherdsville Road F Vice Chairman □Vice Chairman Louisville, KY 40218 Louisville, KY 40218 □ Director L'Director □President DPresident ☐ Vice President DVice President E Secretary ☐ Trensurer Secretary ☐ Treasure: CFO ⊡Other____ ☑ Other 🗋 □Other _____ Harrison Petts George S. Benson □ Chairman □Chnieman 4795 Shepherdsville Road 4795 Shepherdsville Road □Vice Chairman Address: □Vice Chairman Address: Louisville, KY 40218 Louisville, KY 40218 □ Director Director @President **C.President** □ Vice President □ Vice President I Secretary @Treasurer E Secretary ☐ Treasurer ⊡Other _____ □Other _____ □Other _____ Richard Gardner ☐ Chairman Name: ⊒Chairman 4795 Shepherdsville Road Address: DVIce Chairman □ Vice Chairman Address: Louisville, XY 40218 Director Director. □President DPresident □Vice President _____ D Vice President I Secretary II Treasurer Treasurer □ Secretary [] Other _____ ZOther_____ _______

Important Notice: Use an attachment to report more than six (t). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Sham Dadima

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or site is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.317.155, F.S.

SCOTT BULUA, SECRETARY

(Typed or printed name and capacity of person signing application)

To ' Page: 5 of 5

2023-09-08 12.20.53 CST



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: HOSKIN & MUIR, INC.

Entity No.: 0761284 Registration Date: 01/06/1976

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 07, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 143396939

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.