

9/8/23, 2:14 PM

Division of Corporations

F2300005159

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-6845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: christy.grey@hmiglass.com

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION HOSKIN & MUIR INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2023 SEP -8 PM 4:38

2023 SEP -8 PM 4:38

SEP 11 2023

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.

1. Hoskin & Muir, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 94-2319959
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/06/1976 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4795 Shepherdsville Road, Louisville, KY 40218
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1260 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

2023 SEP -8 PM 4:38
110

9. **Registered agent's acceptance:**

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

By: _____
(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

Chairman Name: Curtis McClamrock
 Vice Chairman Address: 4795 Shepherdsville Road
 Director Louisville, KY 40218
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Sharon Adams
 Vice Chairman Address: 4795 Shepherdsville Road
 Director Louisville, KY 40218
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Chairman Name: Harrison Petts
 Vice Chairman Address: 4795 Shepherdsville Road
 Director Louisville, KY 40218
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: George S. Benson
 Vice Chairman Address: 4795 Shepherdsville Road
 Director Louisville, KY 40218
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Richard Gardner
 Vice Chairman Address: 4795 Shepherdsville Road
 Director Louisville, KY 40218
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). 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. Sharon Adams
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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. SCOTT BULUA, SECRETARY
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

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.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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 bizfileOnline.sos.ca.gov.