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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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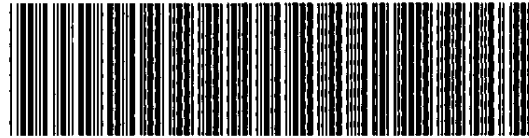
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UFP WESTERN DIVISION, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL WEBER

Name of Person

UFP WESTERN DIVISION, INC.

Firm/Company

2801 E BELTLINE AVE NE

Address

GRAND RAPIDS, MI 49525

City/State and Zip code

MWEBER@UFPI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL WEBER

at (616) 364-6161

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. UFP WESTERN DIVISION, 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. MICHIGAN

(State or country under the law of which it is incorporated)

3. 84-1361852

(FEI number, if applicable)

4. 11/08/1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 09/01/2011

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

7. 2801 E BELTLINE AVE NE GRAND RAPIDS, MI 49525

(Principal office address)

2801 E BELTLINE AVE NE GRAND RAPIDS, MI 49525

(Current mailing address)

8. SALES OF ENGINEERED LUMBER PRODUCTS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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10. **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.

C T Corporation System

By:

Kelly Halford
(Registered agent's signature)

Kelly Halford
Assistant Secretary

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MATTHEW J MISSAD

Address: 2801 E BELTLINE AVE NE

GRAND RAPIDS, MI 49525

Director: _____

Address: _____

B. OFFICERS

President: ALLEN PETERS

Address: 15 E WALNUT STREET

WINDSOR, CO 80550

Vice President: _____

Address: _____

Secretary: MATTHEW J MISSAD

Address: 2801 E BELTLINE AVE NE GRAND RAPIDS, MI 49525

Treasurer: MICHAEL R COLE

Address: 2801 E BELTLINE AVE NE GRAND RAPIDS, MI 49525

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SECRETARY OF STATE

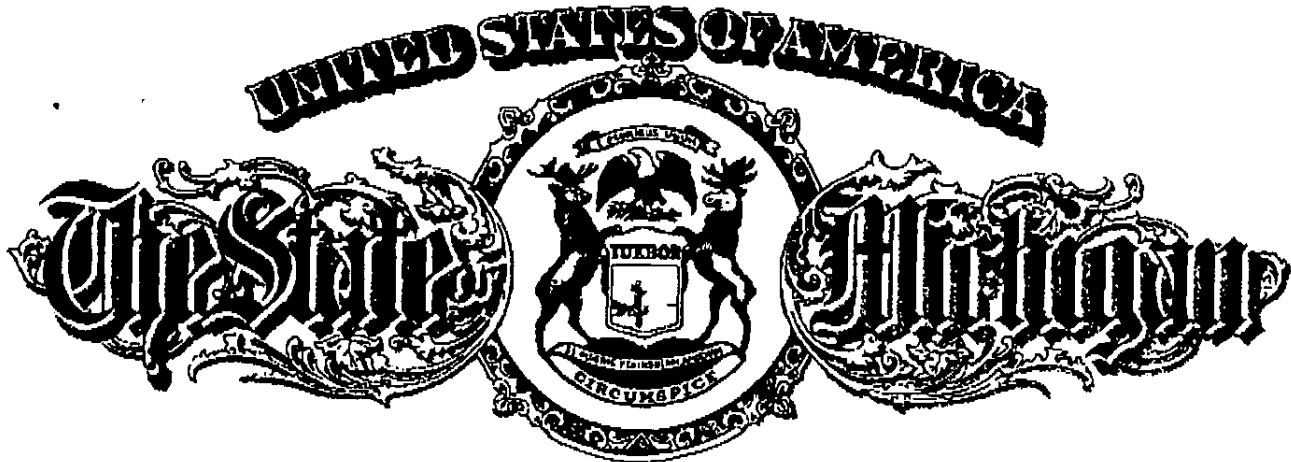
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. MICHAEL R COLE - TREASURER

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



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

UFP WESTERN DIVISION, INC.

was validly incorporated on November 8, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sent by Facsimile Transmission
430428

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 25th day of August, 2011.

 Director

Bureau of Commercial Services