F1700004725

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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2017 DOT 19 A 9: 0b 17 DOT 19 ANII: 25

D SCOTT OCT 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 874891 7741340

AUTHORIZATION :

COST LIMIT : (\$\\70.00

ORDER DATE: October 18, 2017

ORDER TIME : 9:03 AM

ORDER NO. : 874891-005

CUSTOMER NO: 7741340

FOREIGN FILINGS

NAME: EASTERN ACQUISITION COMPANY,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

| _ | stration Section sion of Corporations | | | | | | |
|---|---|----------------|--|--|-------------|--|--|
| SUBJECT: | Eastern Acquisition Company, I | nc. | | | | | |
| Name of corporation - must include suffix | | | | | | | |
| Dear Sir or M | ladam: | | | | | | |
| "Certificate o | "Application by Foreign Corport Existence," or "Certificate of aced foreign corporation to tran | Good Standi | ng" and check are sub: | ct Business in Florida," mitted to register the | | | |
| Please return Robert Dodard | all correspondence concerning | this matter to | o the following: | | | | |
| | | Name of Pe | rson | | _ | | |
| Eastern Whole | esale Fence LLC | | | | | | |
| | | Firm/Compa | iny | | | | |
| 266 Middle Isl | land Road | | | | | | |
| | | Address | 3 | | | | |
| Medford, NY | 11763 | | | 1 | | | |
| | (| City/State and | Zip code | SELECTION SELECT | _ | | |
| robd@eastern: | | | | יררציא אררציא | | | |
| | E-mail address: (| to be used for | future annual report r | notification) | | | |
| For further in | formation concerning this matt | er, please cal | 1: | 9 A | | | |
| Rob Dodaro 6 | | 631 | 698-0975 | <u>.085.</u> ♣ | | | |
| Nam | e of Person | Area Code | Daytime Telepl | hone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclosed is a | check for the following amour | nt: | | | | | |
| ☐ \$70.00 Fil | ling Fee | | \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certificate of Statu | ıs & | | |

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. | ion Company, Inc. | | | | |
|---|---|--|--|--|--|
| (Enter name of co | orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION | 4," | | |
| (If name unavaila | ble in Florida, enter alternate corporate name ado | pted for the purpose of transactir | ng business in Florida) | | |
| Delaware | | 32-0848168 | | | |
| (State or country | y under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | |
| March 31, 2017 | | | | | |
| | (Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 I Road, Medford, NY 11763 | orida, if prior to registration) , F.S., to determine penalty liabil | ity) | | |
| 7 | | office address) | | | |
| | (типетрат с | Jilice address) | | | |
| | (Current mailing a | address, if different) | | | |
| | (Current maning a | iduress, il differency | | | |
| 2 Name and stree | t address of Florida registered agent: (P.O. I | Rox NOT acceptable) | 7. 2 | | |
| Name: | Corporation Service Company | | 7297 C | | |
| Office Address: | | | | | |
| Office Address: | 1201 Hays Street | | ECT 19 | | |
| Office Address: | Tallahassee | 32301 . Florida | | | |
| Office Address: | Tallahassee | , Florida(Zip code) | | | |
| 9. Registered age | Tallahassee (City) ent's acceptance: | , Florida (Zip code) | LED 19 A 9 06 SSEE FLOAGA | | |
|). Registered age Having been nam designated in this further agree to co | Tallahassee (City) | , Florida | ed corporation at the place tree to act in this capacity. I lete performance of my | | |
| 9. Registered age Having been nam designated in this further agree to co duties, and I am f | Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes relations with and accept the obligations of n | , Florida | ed corporation at the place tree to act in this capacity. I lete performance of my at. Roxanne Turner | | |
| 9. Registered age Having been nam designated in this further agree to co duties, and I am f | Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes rela | , Florida | ed corporation at the place tree to act in this capacity. I lete performance of my int. | | |

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. Names and business addresses of officers and/or directors: A. DIRECTORS C. Kenneth Clay Chairman: 366 Madison Avenue 9th Floor, New York, NY 10017 Address: TonyPucillo Vice Chairman: 366 Madison Avenue 9th Floor, New York, NY 10017 Address: Peter E. Williams Jr. . Director: 266 Middle Island Road, Medford, NY 11763 Address: Address: **B. OFFICERS** C. Kenneth Clay President: 366 Madison Avenue 9th Floor, New York, NY 10017 Address: Chief Financial Officer - Rob Dodaro · Vice President: 266 Middle Island Road, Medford, NY 11763 Address: __ TonyPucillo Secretary: 366 Madison Avenue 9th Floor, New York, NY 10017 Address: _ Peter E. Williams Jr. Treasurer: 266 Middle Island Road, Medford, NY 11763 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. 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. Rob Dodaro, CFO (Typed or printed name and capacity of person signing application)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EASTERN ACQUISITION COMPANY, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EASTERN ACQUISITION COMPANY, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2917 OCT 19 A 9 Ob

Jeffrey W. Bullock, Secretary of State

Authentication: 203421612

Date: 10-18-17

COVER LETTER

| TO: | | tration Section of Cor | | | | | | | |
|---|-----------|------------------------|---------------------------------------|---------------|----------|--|-------------------------------------|------------|---------------|
| SUBJ | тст. | Eastern A | equisition Company | , Inc. | | | | | |
| 30133 | ECI. | | Name o | f corporation | - mus | t include suffix | | • | |
| Dear S | ir or M | adam: | | | | | | | |
| "Certif | ficate of | f Existenc | | of Good Star | nding" | rization to Transac and check are sub Florida. | | | |
| Please | return a | all corresp | ondence concernii | ng this matte | r to the | e following: | | | |
| Robert | Dodaro | | | | | | | | |
| | | | | Name of | Persor | 1 | | | _ |
| Easterr | 1 Whole | sale Fence | LLC | | | | | | |
| • | | | | Firm/Con | pany | | | | _ |
| 266 M | iddle Isl | and Road | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | Addr | ess | | | | - |
| Medfo | rd, NY | 11763 | | | | | | | |
| | | | | City/State a | nd Zip | code | | - | |
| robd@ | easternf | ence.com | | | | | | | _ |
| | | | E-mail address: | (to be used | for fut | ure annual report n | notification) | 18 | _ |
| For fur | ther in: | formation | concerning this m | atter, please | call: | | LAHA LAHA | 7 007 | T |
| Rob Dodaro | | 631 at (| 69 | 698-0975 SS | | <u>-</u> 2 | П | | |
| | Name | e of Perso | | Area Coo | le | Daytime Telepl | hone Number | - A ♀ 0 | ED |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | S: | | | | č | | |
| Enclos | sed is a | check for | the following amo | unt: | | | | | |
| 570 | 0.00 Fil | ing Fee | S78.75 Filing Certificate o | • | | .75 Filing Fee & tified Copy | S87.50 Fili Certificate Certified C | of Stat | |