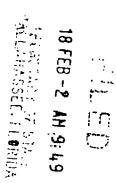
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Office Use Only



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Y SULKER

COVER LETTER

| TO: Registration Section Division of Corporation | | | | | |
|--|--|--|--|--|--|
| SUBJECT: First Sour | ce Millworks | | | | |
| | | on - must include suffix | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed "Application "Certificate of Existence," above referenced foreign c | or "Certificate of Good Sta | anding" and check are sub | | | |
| Please return all correspon | dence concerning this matt | er to the following: | | | |
| Robin Joyce | | | | | |
| | Name o | f Person | | | |
| First Source Millworks | | | | | |
| | Firm/Co | mpany | | | |
| 2175 Manana Drive | | | | | |
| | Add | ress | | | |
| Dallas, TX 75247 | | | | | |
| | City/State | and Zip code | | | |
| keith@firstsourcecabinetde | | | | | |
| | E-mail address: (to be used | for future annual report | notification) | | |
| For further information con | ncerning this matter, please | call: | | | |
| Robin Joyce at (972 | | | | | |
| Name of Person | Area Co | de Daytime Telep | hone Number | | |
| STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 3 | on rations enter Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| Enclosed is a cheek for the | following amount: | | | | |
| S70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | | ☐ \$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. | First Source Millworks Inc | | | | | | | |
|----|--|--|------|--|---|----------|-----------------|--|
| | | orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.") | ED, | " "COMPANY," "CORPORATION." | | | | |
| | First Source C | abinet doors | | | | | _ | |
| | (If name unavaila | able in Florida, enter alternate corporate na | me | adopted for the purpose of transacting bus | iness in Fl | orida) | | |
| 2. | Texas | | 3. | 46-5465639 | | | | |
| | (State or country under the law of which it is incorporated) | |) | (FEI number, if applicable) | | | _ | |
| 4. | 04-15-2014 | | 5. | perpetual | | | | |
| | (Date of incorporation) | | | (Date of duration, if other than p | (Date of duration, if other than perpetual) | | | |
| 6. | 01-01-2018 | | | | | | | |
| 7 | 2175 Manana D | | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | WENT THE | 18 FEB - | | |
| | · | | nci | pal office address) | en- | 13 | _; | |
| | 2175 Manana (| Drive Dallas, TX 75220 | | | بار این | ¥ | 11 | |
| | | (Current m | aili | ng address, if different) | - RIGH | 6.1.6 | (, | |
| 8. | . Name and stree | <u>et address</u> of Florida registered agent: (| (P.) | O. Box <u>NOT</u> acceptable) | | | | |
| | Name: | Northwest Registered Agent, LLC. | · | | | | | |
|) | Office Address: | 3030 N. Rocky Point Dr. STE 150A | | · | | | | |
| | | Tampa | | Florida 33607 | | | | |
| | | (City) | | (Zip code) | | | | |

Registered agent's acceptance:

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



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

| 11. Names and business addresses of officers and/or directors: | | | |
|---|----------------------------------|-------------------|---------------------|
| A. DIRECTORS | | | |
| Chairman: | | | |
| Address: | | | |
| | | | |
| Vice Chairman: | | | |
| Address: | | | |
| Maith Edwards | | | |
| Director: Keith Edmunds | | | |
| Address: 10830 St Michaels Drive | | | |
| Dallas TX 75230 | | | . - |
| Director: Anna C Edmunds | | | |
| Address: 10830 St Michaels Drive | <u> </u> | 8 | |
| Dallas TX 75220 | \$ 4. * . | FEB | |
| B. OFFICERS | 3SE | 6 | 21.66 |
| President: Keith Edmunds | | ¥ | Π. |
| Address: 10830 St. Michaels Drive Dallas, TX 75220 | 9 | 4:6 | . |
| | <i>></i> | w | |
| Vice President: | | | |
| Address: | | | |
| | | | |
| Secretary: Anna C Edmunds | | | |
| Address: 10830 St. Michaels Drive Dallas, Tx 75220 | | | |
| Treasurer: | | | |
| Address: | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officer | s and/or dire | ctors. | |
| 12. Signature of Director or Officer | | | |
| The officer or director signing this document (and who is listed in number 11 above) affirms the arc true and that he or she is aware that false information submitted in a document to the Depa a third degree felony as provided for in s.817.155, F.S. Keith Edmunds. President | nat the facts s rtment of Sta | stated ite con | herein istitutes |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



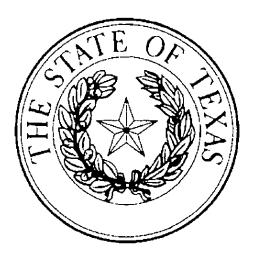
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for First Source Millworks, Inc. (file number 801971583), a Domestic For-Profit Corporation, was filed in this office on April 15, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 07, 2018.



R

Rolando B. Pablos Secretary of State