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(Req	uestor's Name)					
(Add	ress)					
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COVER LETTER

	gistration Sec				
	BIG C LU	MBER CO., INC			
SUBJEC	1:	Name of corpo	oration -	must include suffix	<u> </u>
Dear Sir or	Madam:				
"Certificate	e of Existence	on by Foreign Corporati " or "Certificate of Goo corporation to transact	od Standi	ng" and check are sub	et Business in Florida," mitted to register the
	m all correspo EICHTMAN	ondence concerning this	matter to	the following:	
		Na	me of Pe	rson	
BIG C LUN	ABER CO., IN	2.			
		Fire	n/Compa	nny	
50860 PRIN	NCESS WAY				
_			Address	;	
GRANGER	R, IN 46530				
		City/	State and	Zip code	
HOLLYL@	BIGCLUMBE				
_		E-mail address: (to be	used for	future annual report r	notification)
For further	information of	concerning this matter, p	olease cal	l:	
HOLLY LE	EICHTMAN		574 277-4550 at ()		
N	ame of Person		ea 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	s a check for t	he following amount:			
570.00	Filing Fee	\$78.75 Filing Fee & Certificate of Statu		\$78.75 Filing Fee & Certified Copy	S87.50 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.

BIG C LUMBE	R CO INC			
(Enter name of co	orporation: must include "INCORPORATED," "orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATIO	N."	
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacti	ng business in Florida)	
INDIANA	INDIANA 35-0521		21670	
(State or country 7/28/43	y under the law of which it is incorporated)	(FEI number, if a		
· (Date	of incorporation)	(Date of duration, if other than perpetual)		
j				
50860 PRINCES	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 S WAY, GRANGER, IN 46530		lity)	
·	(Principal	office address)	T. 00	
SAME AS ABOVE				
	(Current mailing a	iddress, if different)		
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		
Name:	MATTHEW MAGOR	<u> </u>	PH 12: 17	
Office Address:	3503 SOUTHEAST 18TH PLACE	_		
	CAPE CORAL	Florida	*: *	
	(City)	(Zip code)		

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.



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 ROGER FOLEY Chairman: 6143 DARBY COURT Address: SOUTH BEND, IN 46614 MATTHEW MAGOR Vice Chairman: 3503 SOUTHEAST 18TH PLACE Address: CAPE CORAL, FL 33904 Address: _ Director: **B. OFFICERS** WILLIAM WALLACE JR. President: 50691 CARRINGTON PLACE CT Address: SOUTH BEND, IN 46637 NICHOLAS BRADY Vice President: 50569 ARBORWOOD CT Address: GRANGER, IN 46530 **BRIDGET BRADY** Secretary: 50569 ARBORWOOD CT, GRANGER, IN 46530 Address: **BRIDGET BRADY** Treasurer: 50569 ARBORWOOD CT, GRANGER, IN 46530 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

Bridget Brady

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BIG C LUMBER CO INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 28, 1943, and was in existence or authorized to transact business in the State of Indiana on April 25, 2018.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 25, 2018

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

194092-087 / 2018599519

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on May 25, 2018.