F2000003178

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000347722850



RECEIVED

JUL 23 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 360762 3776A

AUTHORIZATION : STELLE BLOSS

COST LIMIT : \$\frac{1}{70}.00

ORDER DATE : July 20, 2020

ORDER TIME : 11:40 AM

ORDER NO. : 360762-010

CUSTOMER NO: 3776A

FOREIGN FILINGS

NAME: WINSUPPLY RIVER CITY FL CO.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

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.

(Enter name of c	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)
m .		85-1846555	,
	ry under the law of which it is incorporated)	(FEI number, if applicabl	c)
4 07/20/2020	5.	Dometrial	,
··	e of incorporation)	(Date of duration, if other than pe	rpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. c/o WGS - Comp	liance Services 3110 Kettering Blvd Moraine	OH 45439-1924	020
	(Principal offi	ice <u>street</u> address)	020 JUL 22
	(Current mailir	ng address, if different)	1
8. Name and stree	et address of Florida registered agent: (P.C Corporation Service Company	D. Box <u>NOT</u> acceptable)	AH 9: 02
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
designated in this further agree to c and I am familiar	ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rewith and accept the obligations of my position. Service Company	nent as registered agent and agree to ac elative to the proper and complete perfi sition as registered agent. ESHA ROBERSON, ASST. VICE PR	et in this capacity. I formance of my duties,
10. Attached is a	certificate of existence duly authenticated,	not more than 90 days prior to delivery	of this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS See attached Chairman □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director ☐ Director □ President □ President □Vice President ☐ Vice President ☐ Secretary □ Treasurer □ Secretary Treasurer ☐ Other _____ Other _____ □Other _____ Other _____ □ Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: □Director Director ☐ President ☐ President □Vice President _____ ☐ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other _____ ☐ Other □Other _____ ☐ Other _ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: Director □ Director □ President ☐ President □Vice President _____ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary Treasurer □Other _ 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. 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.

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

Sean W. Culler, Treasurer

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA WINSUPPLY RIVER CITY FL CO.

SUPPLEMENTAL INFORMATION - OFFICER & DIRECTOR LISTING

Officers:

President & Chairwoman Lorie A. DiNova Vice President & Vice Chairman D. Michael Larkin Secretary Michael S. Kirkland Treasurer Sean W. Culler	6236 Philips Hwy Jacksonville FL 32216-6048 3110 Kettering Blvd Moraine OH 45439-1924 3110 Kettering Blvd Moraine OH 45439-1924 3110 Kettering Blvd Moraine OH 45439-1924
--	--

Directors:

Lorie A. DiNova	6236 Philips Hwy Jacksonville FL 32216-6048
Arnold Hardy	855 Brentwood Dr Daytona Beach FL 32117-4704
D. Michael Larkin	3110 Kettering Blvd Moraine OH 45439-1924
Robert W. Ferguson	3110 Kettering Blvd Moraine OH 45439-1924
John W. Simmons	3110 Kettering Blvd Moraine OH 45439-1924
Robert F. McCullough	3110 Kettering Blvd Moraine OH 45439-1924







Page 1

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

DELAWARE, DO HEREBY CERTIFY "WINSUPPLY RIVER CITY FL CO." 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 TWENTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINSUPPLY RIVER CITY FL CO." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2020.

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

Authentication: 203313308

Date: 07-20-20

3275031 8300 SR# 20206312503