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### **COVER LETTER**

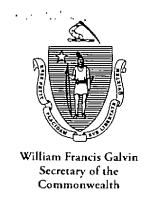
TO:	Registration Section Division of Corporations					
	Fairway Lumber Co., Inc.					
SUB.	JECT:					
	Name	of corporatio	n - mu	st include suffix		
Dear :	Sir or Madam:					
"Certi	nclosed "Application by Foreign C fficate of Existence," or "Certificat referenced foreign corporation to	e of Good Sta	nding"	and check are sub	ct Bus mitted	iness in Florida." I to register the
	e return all correspondence concerr my Cornacchia	ning this matte	er to the	e following:		
		Name of	Perso	n		
Spalfi	na Law Group					
50 Co	ngress Street, Suite 745	Firm/Cor	npany		· <u>-</u>	-1
Bosto	n, MA 02109	Add	ress			
anthor	nycornacchia@spallinalaw.com	City/State	and Zip	o code		·
	E-mail addres	s: (to be used	for fut	ure annual report i	notific	ation)
For fu	rther information concerning this r			,		
Antho	ny Cornacchia	617	76	7-1625		
		at (	)			
	Name of Person	Area Co	le	Daytime Telep	hone i	Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	iection orpora 7	tions
Please	sed is a check for the following am make check payable to: <b>FLORIDA D</b> 0.00 Filing Fee	EPARTMEN ng Fee &(	□ \$78.	TATE 75 Filing Fee & ified Copy		\$87.50 Filing Fee. Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	)N,"
-Massachusetts	lable in Florida, enter alternate corporate name ac		
	ry under the law of which it is incorporated) 3		
(Date	of incorporation) 5	(Date of duration, if other	than nametual)
		(Sale of daration, it office	man perpendaj
	(Principal office	street address)	
·			
	(Current mailing	address, if different)	
	(Current mailing et address of Florida registered agent: (P.O. Richard J. Spallone	,	2 <b>8</b> 21
Name and <u>stree</u> Name: ice Address:	et address of Florida registered agent: (P.O.	,	2821 MAY _
Name:	et address of Florida registered agent: (P.O. Richard J. Spallone  13105 Vanderbilt Drive, Unit 203-4  Naples	,	2021 HAY -7 AM
Name:	et address of Florida registered agent: (P.O. Richard J. Spallone  13105 Vanderbilt Drive, Unit 203-4	Box <u>NOT</u> acceptable)	2021 HAY - 7 AH 11:
Name: ce Address: legistered age	Richard J. Spallone  13105 Vanderbilt Drive, Unit 203-4  Naples  (City)	Box NOT acceptable)  34110  Cip code)	2021 MAY -7 AMII: 10
Name: ce Address: Registered ago ing been nam gnated in this her agree to co	Richard J. Spallone  13105 Vanderbilt Drive, Unit 203-4  Naples  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of all statutes relatives.	Box NOT acceptable)  34110, Florida(Zip code)  of process for the above stated at as registered agent and agree to the proper agree t	
Name: ce Address: legistered ago ing been nam gnated in this her agree to co	Richard J. Spallone  13105 Vanderbilt Drive, Unit 203-4  Naples  (City)  ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointment	Box NOT acceptable)  34110  A Florida (Zip code)  of process for the above stated at as registered agent and agreative to the proper and completion 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.

□Chairmaл	Name: 13105 Vanderhiit Drive Unit 203-4	் ப்Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	50 Congress Street, Suite 745 Address:
□Director	Naples, FL 34110	□ Director	Boston, MA 02109
President		□President	
□Vice President		□ Vice President	
Secretary	□Treasurer	<b>■</b> Secretary	□Treasur <b>e</b> r
Other	Other	□ Other	
□Chairman	Name:	□Chaiπnan	Name:
□ Vice Chairman	Address:		Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
□ Secretary	□ Treasurer	☐ Secretary	Treasurer
□Other		□Other	Other
□Chairman	Name:	□Chairman )	Name:
	Address:		
Director		□ Director	Address:
□President		Ci President	
□Vice President		□Vice President	
DSecretary	Treasurer	□ Secretary	□Treasurer
Other	Other	□Other	
,	ise an attachment to report more than six (6). The added to the index when filing your Florida Depar		
	Signature of Director		



# The Commonivealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02183

April 27, 2021

TO WHOM IT MAY CONCERN:

Thereby certify that

#### FAIRWAY LUMBER CO., INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on May 8, 1997.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin