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Office Use Only



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### COVER LETTER

O: Registration Section Division of Corpora						
UBJECT: CARTER LU	MBER COMPANY					
Object.	Name of corporat	ion - mu	st include suffix			
ear Sir or Madam:						
The enclosed "Application Certificate of Existence," of bove referenced foreign co	or "Certificate of Good S	tanding"	and check are subn	t Business in F nitted to registe	lorida," er the	
lease return all correspond	dence concerning this ma	tter to th	e following:			
AMELA ORKIS						
	Name	of Perso	n			
HE CARTER-JONES LUM	BER COMPANY					
	Firm/C	Company				
01 TALLMADGE ROAD						~
	Ad	ddress			<u> </u>	188
ENT, OHIO 44240					= '	130
	City/Stat	te and Zi	p code		3 -	8-
AXESFAX@CARTERLUN						
	E-mail address: (to be us	ed for fu	ture annual report n	otification)	703	PN 2: 32
or further information cor	ncerning this matter, plea	se call:			.5 <sup>4.</sup>	32
AMELA ORKIS	at ( 330	)	73-6100 EXT.257			
Name of Person	Area C	Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the Please make check payable to □ \$70.00 Filing Fee ■	following amount: b: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	S87.50 F Certifies	ate of St	

## 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.

	LUMBER COMPANY (KENTUCKY ble in Florida, enter alternate corporate name a		iness in Florida)	
KENTUCKY				
05/17/1073		(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
601 TALLMADG	E ROAD, KENT OHIO 44240  (Principal offi	ce street address)		
	(Current mailin	g address, if different)	2821	
Name and stree	t address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	<b>2821</b> OCT -8	
Name:	Corporation Service Company	<del></del>		
fice Address:	1201 Hays Street		PH 2: 32	
	Tallahassee	, Florida <u>32301</u>	<del>55.</del> <b>3</b>	
		, rioriua		

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.

Amanda E. Hollinger Amanda Robinson, Assistant Vice President

(Registered agent's signature)

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.

A. DIRECTORS	•							
Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	601 TALLMADGE ROAD S:		Address:				
□Director	KENT, OH 44240	□Director	KENT, OH 44	240				
□President		President						
□Vice President		□Vice President				<del></del>		
Secretary	□Treasurer	☐ Secretary	□Treasurer					
□Other	Other	Other	<u> </u>	□Other				
Doi:	JEFFREY L. SEDER	Chairman.	THOMA	AS L. McCLA	.RY			
Chairman	Name:		Name:					
	Address: KENT, OH 44240	□ Vice Chairman	KENT, OH 44					
□Director		□Director						
□President	<del></del>	□President	<u></u>	_				
■ Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary		Treasurer				
□Other	Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:		<b>-≃</b> -			
□Vice Chairman	Address:	□Vice Chairman			<b>2021</b> da			
□Director		□Director			ا ا			
□President		□President		 7 <u>~</u> 1-≺		<u>רר:</u>		
□Vice President		□Vice President		7 ( ) 3 = 4 72 ( )	2:	C		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer	32			
Other	Other	Other		Other				
individuals may b	Use an attachment to report more than six (6). The attachment and the index when filing your Florida Department Signature of Director of Signature of Director of the index who is listed in number false information submitted in a document to the Depart	ent of State Annual R or Officer r 11 above) affirms the	eport form.  hat the facts stated	d herein are tru	ie and t	hat he o		
s.817.155, F.S.				, ,				
13	(Typed or printed name and capacity of person	on signing application	n)					
	<b>&gt;</b>							

#### Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 254530

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### CARTER LUMBER COMPANY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 16, 1972 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15<sup>th</sup> day of September, 2021, in the 230<sup>th</sup> year of the Commonwealth. Commonwealth.



Michael G. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 254530/0008131