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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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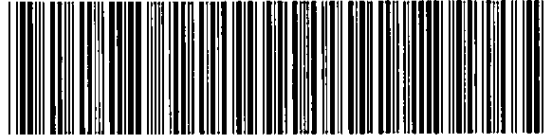
(Business Entity Name)

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2021 DEC -7 PM 2:16

APPROVED  
AND  
FILED

2021 DEC -7 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 07 2021  
K. Brumbley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 283176 3776A

AUTHORIZATION

*Lyndell E. Man*

COST LIMIT : \$ 70.00

ORDER DATE : December 6, 2021

ORDER TIME : 2:45 PM

ORDER NO. : 283176-010

CUSTOMER NO: 3776A

FOREIGN FILINGS

NAME: WINSUPPLY PANAMA CITY FL CO.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

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.*

1. Winsupply Panama City FL Co.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 87-3694833  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/06/2021 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. c/o WGS - Compliance Services 3110 Kettering Blvd Moraine OH 45439-1924  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

APPROVED  
AND  
FILED  
2021 DEC - 7 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Corporation Service Company

By: \_\_\_\_\_

*Eyline Bahar*  
Assistant Vice President

(Registered agent's signature)

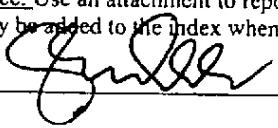
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

## A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Christopher L. Richardson</u>	<input type="checkbox"/> Chairman	Name: <u>Robert F. McCullough</u>
<input type="checkbox"/> Vice Chairman	Address: <u>401 24th St E Lynn Haven</u>	<input checked="" type="checkbox"/> Vice Chairman	Address: <u>3110 Kettering Blvd Moraine</u>
<input checked="" type="checkbox"/> Director	<u>FL 32444-4882</u>	<input checked="" type="checkbox"/> Director	<u>OH 45439-1924</u>
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input checked="" type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: <u>Michael S. Kirkland</u>	<input type="checkbox"/> Chairman	Name: <u>Sean W. Culler</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3110 Kettering Blvd Moraine</u>	<input type="checkbox"/> Vice Chairman	Address: <u>3110 Kettering Blvd Moraine</u>
<input type="checkbox"/> Director	<u>OH 45439-1924</u>	<input type="checkbox"/> Director	<u>OH 45439-1924</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: <u>Robert W. Ferguson</u>	<input type="checkbox"/> Chairman	Name: <u>Johnny W. Gainey</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3110 Kettering Blvd Moraine</u>	<input type="checkbox"/> Vice Chairman	Address: <u>40 Beal Prkwy NE Fort Walton</u>
<input checked="" type="checkbox"/> Director	<u>OH 45439-1924</u>	<input checked="" type="checkbox"/> Director	<u>Beach FL 32548-4825</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

12.   
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.

13. Sean W. Culler, Treasurer  
(Typed or printed name and capacity of person signing application)

Florida Department of State  
Division of Corporations  
Application by Foreign Corporation for Authorization to Transact Business in Florida  
**Winsupply Panama City FL Co.**  
Supplemental Information – Officer & Director Listing

Director: Jason N. Quinn  
40 Beal Prkwy NE Fort Walton Beach FL 32548-4825

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINSUPPLY PANAMA 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 SEVENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINSUPPLY PANAMA CITY FL CO." WAS INCORPORATED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State

6448189 8300

SR# 20214000725

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204889062

Date: 12-07-21