F22000001447

(Requestor's Name)				
(Address)				
(Address)				
(Fladicas)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700382830357

2022 MAR 10 AM 11: 29

2022 KAR | O AM

S. ROBERTS MAR 1 0 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 491263 5043069
AUTHORIZATION : Spelle le man
COST LIMIT : 70.00
ORDER DATE : February 16, 2022
ORDER TIME : 8:09 AM
ORDER NO. : 491263-090
CUSTOMER NO: 5043069
FOREIGN FILINGS
NAME: SHAW INTEGRATED AND TURF
SOLUTIONS, INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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.

"Inc.," "Co.," "C	corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name ac		
Georgia	-	37-4486016	
• •	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)	
, - <u> </u>	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	2022 MAR I O A Schelahase
	1201 Hays Street) AH
Office Address:			

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: (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.

DocuSign Envelope ID: EA135A9C-0385-4E58-8F07-AA005767A533

s.817.155, F.S.

Frederick L. Hooper, III

A. DIRECTORS Frederick L. Hooper, III Karen S Tallon ☐ Chairman Name: □Chairman Name: □ Vice Chairman Address: ___ ☐ Vice Chairman Address: ____ 616 EAST WALNUT AVENUE, 616 EAST WALNUT AVENUE. □ Director Director Dalton, GA 30721 Dalton, GA 30721 □ President President □Vice President ■ Vice President _______ □Treasurer □ Secretary ☐ Treasurer □ Secretary Assistant Secretary Other_ □Other _____ □Other _____ □Other ______ Name: □ Chairman Name: _____ □Chairman Address: ______ □ Vice Chairman □ Vice Chairman Address: _____ □ Director □Director President □President ☐ Vice President □Vice President ___ □ Treasurer □ Secretary □Treasurer □ Secretary □Other _______ □Other _____ □Other _____ □Other _____ Chairman Name: □ Chairman Name: ______ □ Vice Chairman Address: _____ □Vice Chairman Address: ________ □ Director □Director □President □President □ Vice President □Vice President _____ ☐ Treasurer □ Secretary □Treasurer □ Secretary □ 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. Frederick L. Hooper, III Signature of Director or Officer The officer or director signing this document (and who is fisted 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

Control Number: 22011134

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

Shaw Integrated and Turf Solutions, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22563294 Date Inc/Auth/Filed: 01/18/2022 Jurisdiction : Georgia Print Date : 02/17/2022

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State