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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TKL Building Supply	, Inc.				
	Name of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Fore "Certificate of Existence." or "Cert above referenced foreign corporation	ificate of Good Stand	ding" and check are subr			
Please return all correspondence co	oncerning this matter	to the following:	20		
Sam S. Calandra			23 A		
	Name of I	Person	70		
Calandra, P.C.			. 6		
	Firm/Com	pany	***		
96 Cottage Street			<u>`</u>		
<del>-</del>	Addre	ss	2023 APR -6 1408: 04		
Hudson, MA 01749-1430					
	City/State ar	nd Zip code			
natalia@turnkeylumber.com					
E-mail a	iddress: (to be used f	or future annual report no	otification)		
For further information concerning	, this matter, please c	all:			
Sam S. Calandra	978 at (	273-2309			
Name of Person	Area Code	e Daytime Teleph	one 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			
<u> </u>	IDA DEPARTMENT	<b>OF STATE</b> l \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

## 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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)	
Delaware	3. <u></u>	(A	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
January 5, 2023	5. A sof incorporation)	(A	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
5. <u>N</u> A			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
7. 15401 US Highw	ray 301, Dade City, FL 33523	APE	-14
	(Principal office	street address)	
NA			 
	(Current mailing	address, if different)	
		address, if different)  Box NOT acceptable)	
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Registered Agents, Inc.		
	7901 4th Street North, Suite 300		
Office Address:	St. Petersburg	 . Florida <sup>33702</sup>	
Office Address:	- · · · · · · · · · · · · · · · · · · ·		
Office Address:	(City)	(Zip code)	
9. Registered ag Having been nan designated in this further agree to c	(City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated corporation at the place ont as registered agent and agree to act in this capacity, ative to the proper and complete performance of my du	. <i>I</i>

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

A. DIRECTORS	<b>;</b>		
Chairman	Name:	Chairman	Name: Natalia Fernandes
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Dade City, FL 33523	Director	Dade City, FL 33523
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	2023 API
□ Vice President		□Vice President	
□Secretary	☐Treasurer	□ Secretary	☐Treasurer
□Other	Other	□Other	□ Treasurer □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	<del></del>
□Vice President	<del></del>	□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other	Other	Other	
individuals may be	ise an attachment to report more than six (6). The added to the index when filing your Florida Depart	tment of State Annual Rep	port form.
12. Juliano Fe	ernandes Signature of Directo		refation tenande: After
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in num see information submitted in a document to the Dep	nbor 11 aboye) affirms that	es a third doortee felony as provided for in
13	(Typed or printed name and capacity of po	erson signing application)	Vr-

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TKL BUILDING SUPPLY, INC." 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 ELEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TKL BUILDING SUPPLY, INC." WAS INCORPORATED ON THE FIFTH DAY OF JANUARY, A.D. 2023.

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

2023 APR -6 ANN 8: 04

at corn delaware gov/au

Authentication: 202475592

Date: 01-11-23