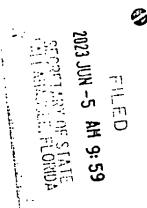
F23000003342

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

Office Use Only

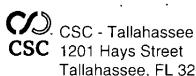


500409738725



RECEIVED 2023 JUN-5 AM II: 22 PALLAHASSEE FLOOR

A Jones



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/05/23 Order #: 1219480-1

Re: Painters Supply and Equipment Co.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	O: Registration Section Division of Corporations					
SUBJEC	T: Painters Supply and Equip	ment Co.				
301/1.0	Nam	e of corporation -	must include suffix			
Dear Sir o	r Madam:					
"Certifica	sed "Application by Foreign (te of Existence," or "Certifica renced foreign corporation to	ite of Good Standi	ing" and check are sub			
Please reti	ırn all correspondence concer	rning this matter to	o the following:			
Christian C	algano					
		Name of Pe	erson	· · · · · ·		
Latham &	Watkins LLP					
•		Firm/Comp	any			
1271 Aven	ue of the Americas					
		Address	S			
New York.	NY 10020-1401					
		City/State and	I Zip code			
bfringer@p	painterssupply.com					
	E-mail addre	ess: (to be used for	future annual report n	otification)		
For further	r information concerning this	matter, please cal	1:			
Christian C	ialgano	at (212) 906-1832 Daytime Telephone Number			
N	ame of Person	Area Code	Daytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	s a check for the following and check payable to: FLORIDA I Filing Fee S78.75 Fil Certificate	DEPARTMENT Of the ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

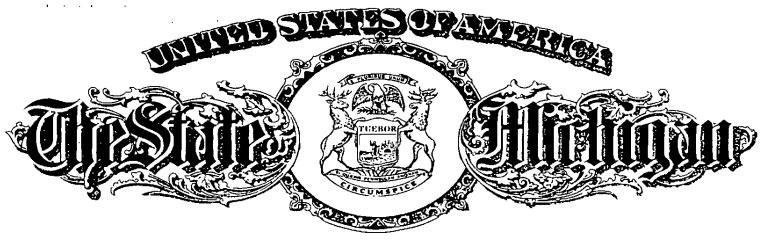
	of corporation: must include "INCORPORATED." "Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORA'I	ION,"
(If name unav	ailable in Florida, enter alternate corporate name a	dopted for the purpose of transa	cting business in Florida)
2. Michigan 3. State or country under the law of which it is incorporated) (FEI number, if approximately 1997)			
(State or cou			
4. 4/3/1960 (Date of incorporation) (Date of duration, if other than perpetual) 6. 6/5/2023			
		re street address) g address, if different)	
8. Name and <u>st</u>	reet address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	9
Name:	Corporation Service Company		1
Office Address	1201 Hays Street		FILE N-5
	Tallahassee	, Florida	9 A D
	(City)	(Zip code)	2023 JUN - 5 AM 9: 59 SECOTIABLE OF STATE SECOTIABLE FLORIDA

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.

By: Alixan Wellard-Janson, AVP

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: Bill Hopkins	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	S90 Madison Ave. Address:			
Director	39th Floor	Director	39th Floor			
□President	New York, NY 10022	□President	New York, NY 10022			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□ Other	□Other	□Other			
□Chairman □Vice Chairman □Director	Name: Matt Brown Name: 590 Madison Ave. Address: 39th Floor		Name: 590 Madison Ave. Address: 39th Floor			
□President	New York, NY 10022	□President	New York, NY 10022			
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	☐Treasurer			
□Other	Other	□Other				
	Name: 590 Madison Ave. Address: 39th Floor		Name: Patrick Mayette Name: 25195 Brest Road Address: Taylor, MI 48180			
□President	New York, NY 10022	□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	□Other	President	CEO 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. Patrick Mayette						





Lansing, Michigan

This is to Certify That

PAINTERS SUPPLY AND EQUIPMENT CO.

was validly incorporated on April 5, 1960 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

THE REGULATORY ASSESSMENT OF THE PARTY OF TH

Sent by electronic transmission

Certificate Number: 23060056402

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 5th day of June, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau