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(Ac	ddress)					
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(Cit	ty/State/Zip/Phone	· #)				
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TO:		ration Section on of Corpora	ions			
SHRI	rcT.	Frontier Distrit	outing Inc.			
3000	LCI.		Name of cor	poration - m	ust include suffix	
Dear S	ir or Ma	adam:				
"Certif	ficate of	Existence," o	y Foreign Corpora - "Certificate of G poration to transac	ood Standing	g" and check are subr	t Business in Florida." nitted to register the
Please	return a	all corresponde	nce concerning th	is matter to	he following:	
Willian	m E. Sig	ler, Esq.				
			1	Name of Per	son	
Maddii	n, Hause	r, Roth & Helle	r, P.C.			
-			F	irm/Compar	У	
28400	Northwe	estern Highway,	2nd Floor			
_				Address		
Southf	ield. Mi	chigan 48034			200	
•			Cit	y/State and 2	Zip code	
wsigle	r@madd	linhauser.com				
		E	-mail address: (to	be used for t	uture annual report n	otification)
For fu	rther in	formation cond	erning this matter	. please call:		
Willian	m E. Sig	ler. Esq.	on Area Code Daytime Telephone Number			
	Nam	e of Person		Area Code	Daytime Telepl	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		
Please	sed is a make ch 0.00 Fil	eck payable to:	following amount: FLORIDA DEPAI S78.75 Filing Fe Certificate of Sta	RTMENT OI e & ===================================	F STATE 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.

1.	Frontier Distributing Inc.						
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."				
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)				
2. Michigan	Michigan 38-2696756						
(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
10.20.1006							
(Date	of incorporation) 5	(Date of duration, if other	(Date of duration, if other than perpetual)				
6.							
u	(Date first transacted business in F	lorida, if prior to registration)					
	(SEE SECTIONS 607.1501 & 607.1502	!, F.S., to determine penalty liabil	ity)				
7. 201 E. Drahner, G	Oxford, MI 48371						
 	(Principal office	street address)					
P. O. Box 458, C	Oxford, MI 48371						
	(Current mailing a	address, if different)					
	et address of Florida registered agent: (P.O. l Cogency Global Inc.	Box <u>NOT</u> acceptable)	2023 JUL 30.03.1 31.03.1				
Name:							
Office Address:	115 North Calhoun Street. Suite 4		28 E				
	Tallahassee	, Florida 32301					
	(City)	(Zip code)	PM 12: 08				
9 Registered age	ent's accentance:		— &				

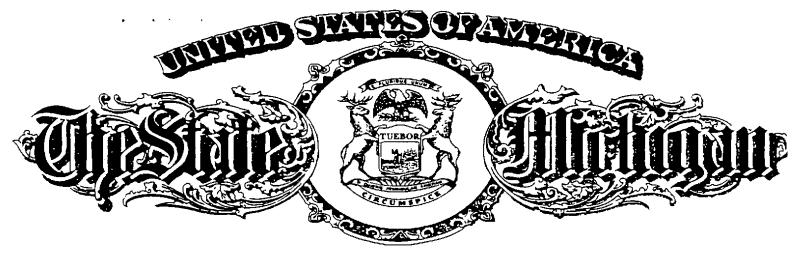
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

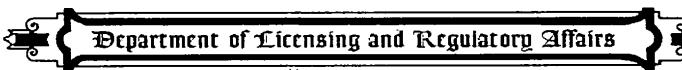
Kathryn Christenes, Assistant Secretary
(Registered agent's signature)

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 Name: ___ Mark E. Smith Name: □ Chairman □ Chairman P. O. Box 458 P. O. Box 458 □Vice Chairman Address: Address: _ ☐ Vice Chairman Oxford, MI 48371 Oxford, MI 48371 □ Director Director □ President President ☐ Vice President ☐ Vice President □ Treasurer ■ Secretary Treasurer □Secretary □Other _____ □ Other _____ □Other __ □Other _____ Jacob Smith Name: □ Chairman Name: □Chairman P O. Box 458 □Vice Chairman Address: □Vice Chairman Address: _ Oxford, MI 48371 □ Director □ Director □ President □President □ Vice President ■Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ Other _____ □Other ____ Name: ______ □ Chairman Name: ______ □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President □ Vice President □ Treasurer □ Secretary ☐Treasurer □ Secretary □Other _____ □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 four-Florida Department of State Annual Report form. 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.

Mark E. Smith, President





Lansing, Michigan

This is to Certify That

FRONTIER DISTRIBUTING INC.

was validly incorporated on October 30, 1986 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of July, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau