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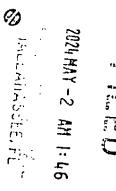
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CARTER LUMBER CO.	
Name of corp	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporat "Certificate of Existence," or "Certificate of Go above referenced foreign corporation to transac	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the outliness in Florida.
Please return all correspondence concerning thi	natter to the following:
TAX DEPARTMENT	
N	ne of Person
CARTER LUMBER CO.	
Fi	/Company
601 TALLMADGE RD.	
	Address
KENT, OH 44240	
City	state and Zip code
CarterTaxPA@carterlumber.com	16 Comment notification)
E-mail address: (to t	used for future annual report notification)
For further information concerning this matter,	ease call:
STUART HEINEMANN at (3	a Code Daytime Telephone Number
Name of Person A	a Code Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	t □ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

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.

2. PENNSYLVANIA (State or country under the law of which it is incorporated) 4. 2/21/1947 (Date of incorporation) (Date first transacted business in Florida, if price (SEE SECTIONS 607.1501 & 607.1502, F.S., to detect address of the second of the sec	ermine penalty liability)
(State or country under the law of which it is incorporated) 4. (Date of incorporation) (Date first transacted business in Florida, if priority (SEE SECTIONS 607.1501 & 607.1502, F.S., to detect to the second of the second	of duration, if other than perpetual) or to registration) ermine penalty liability)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if pric (SEE SECTIONS 607.1501 & 607.1502, F.S., to det 7. (Principal office street address)	or to registration) ermine penalty liability)
(Date first transacted business in Florida, if prio (SEE SECTIONS 607.1501 & 607.1502, F.S., to det 7. (Principal office street address)	or to registration) ermine penalty liability)
(Date first transacted business in Florida, if prio (SEE SECTIONS 607.1501 & 607.1502, F.S., to det 7.601 TALLMADGE RD., KENT, OH 44240 (Principal office street addre	ermine penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to det 7.601 TALLMADGE RD., KENT, OH 44240 (Principal office <u>street</u> addre	ermine penalty liability)
, 601 TALLMADGE RD., KENT, OH 44240 (Principal office street address)	
(Principal office street addre	ss)
	/
(Current mailing address, if di	
\ = · ·	fferent)
8. Name and street address of Florida registered agent: (P.O. Box NOT a	acceptable)
CORPORATION SERVICE COMPANY	Ø
Name: 1201 HAYS STREET	32301 (Zip code) (Zip code) (Zip code) (Zip code)
Office Address:	
TALLAHASSEE, Florida	32301
(City)	(Zip code) $\overline{G} \cdot \overline{N}$
Registered agent's acceptance:	E E
Having been named as registered agent and to accept service of process	for the above stated corporation at the p
lesignated in this application, I hereby accept the appointment as regist further agree to comply with the provisions of all statutes relative to the	ered agent and agree to act,in in capac
to all and and a complement with the provincions of all statutes relative to the	nroner ana compieie perialamance of an

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	t e		
■ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	KENT, OH 44240	□Director	KENT, OH 44240
□President		■ President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	Treasurer
Other	Other	□Other	Other
□Chairman □Vice Chairman □Director	JEFFREY L SEDER Name:	□Chairman □Vice Chairman □Director	Name:
□President		□President	
		□Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
Other	Other	Other	Other
	Name:		Name:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	Other	Other
individuals may b	Use an attachment to report more than six (6). The at the added to the index when filing your Florida Departrement Signature of Director signing this document (and who is listed in number 1997).	r or Officer	eport form.

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.

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: CARTER LUMBER CO.

Request Type: Subsistence Certificate Issuance Date: February 06, 2024

Request No.: 029944034 File No.: 0000058030

Receipt No.: 000895383

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: February 21, 1947

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

CARTER LUMBER CO.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Sahm

Verify this certificate online at www.file.dos.pa.gov