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

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Corporate Service Name of corporation	Supply Copy (1) - must include suffix	any, Inc.
Dear S	ir or Madam:		
"Certif	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good Stan referenced foreign corporation to transact busine	iding" and check are submi	Business in Florida," itted to register the
Please	return all correspondence concerning this matter)n	
	Corporate Service & Supplu		Inc.
	3342 Industrial Driv	<u>C</u>	
	Bowling Grun KY City/State a S. Stinson & USS (E-mail address: (to be used)		tification)
For fu	rther information concerning this matter, please of	call:	
Susi	Name of Person at (210) Area Cod	de Daytime Telepho	_
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMEN 0.00 Filing Fee	T OF 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

REGISTER A FO	DREIGN CORPORAT	07.1303, FLORIDA STAT ION TO TRANSACT BUS	TUTES, THE FOLLOWING IS SUB SINESS IN THE STATE OF FLORIE	MITTED TO DA.
1. Corpo		C & SUPPLY		
(If name unavai	Coatings liable in Florida, enter al	ternate corporate name adop	pted for the purpose of transacting busing	ness in Florida)
2 Kent	vcKu	3	101-13391020	
	try under the law of which	ch it is incorporated)	(FEI number, if applicable	(e)
4. 1-	15-1999	5.	perpetual	
(Dat	e of incorporation)		(Date of duration, if other than pe	rpetual)
6	4-29-8			
_	(Date fir SEE SECTIO	st transacted business in Flo DNS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability)	
, 331		\ \ \ \		2
/	- 2,700	(Principal office st	treet address)	54 7 510C
<	Limb (as about		
		(Current mailing ad	dress, if different)	
8. Name and stre	et address of Florida r	registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	InCorp Serv	ices Inc.	_	
Office Address:	3458 Lake	shore Drive		
	Tallahage	Ciry)	20210	
	TOCITOR MANAGES	City)	Florida JUJIU (Zip cods)	
O. Dominton		• •	(2.p tode)	
	ent's acceptance: ied as registered agen	nt and to accept service or	f process for the above stated corpo	ration at the place
uesignatea in inis further agree to c	s application, I hereby comply with the provis	accept the appointment	as registered agent and agree to ac ve to the proper and complete perf	et in this canacity. T
_	Mui-	Melanie Galero on b	pehalf of InCorp Services, Inc.	
	70	(Registered agent's signatu	ure)	

^{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.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of corporation: must include "INCORPORATEL)." "COMPANY," "GORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") CSS COATINGS (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) Scarre Cas Cassilla (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "GORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") CSS COOTINGS (If name unavailable in Florida enter alternate corporate name adopted for the purpose of transacting business in Florida) KINTICKY 3. U - 1339U20 (State or country under the law of which it is incorporated) (FEI number, if applicable) 1-15-1999 5. PLY PLTIA (Date of incorporation) (Date of duration, if other than perpetual) H-29-1014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3362 Tradustical Desire Bourling Green, W.
(State or country under the law of which it is incorporated) (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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3362 Tradistrial Design Resulting Green, X 1201 (Principal office street address) Same as close (Current mailing address, if different)
(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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S to determine penalty liability) (Principal office street address) (Current mailing address, if different)
(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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different)
(Date of incorporation) H-19-11 (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3362 Industrial Drive Bowling Green. X 4 7001 (Principal office street address) Same as a colorie (Current mailing address, if different)
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3362 Industrial Drive Bowling Green, W. 47001 (Principal office street address) Same as a coloring (Current mailing address, if different)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3362 Industrial Drive Bowling Green, X y Y 2001 (Principal office street address) Same as above (Current mailing address, if different)
Same as also it (Current mailing address, if different)
(Current mailing address, if different)
Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)
Name: In Corp Services Inc.
office Address: 3458 Lakeshore Drive
Tallahassee Florida 32312 (City) (Zip code)
. Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the pesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete performance of my not am familiar with and accept the obligations of my position as registered agent.
(Decisional analysis signature)
(Registered agent's signature)
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicate the Department of State, by the Secretary of State or other official having custody of corporate records in the jurist

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			
□Chairman	Name: News Stipson	□Chairman	Name: Deremich Mitche
□Vice Chairman	Address: 472 Raquelle Dr.	□Vice Chairman	Address: 8868 SW S9th Str
☐ Director	Bowling Green, 124 42103	□Director	Caper City FL 333
♥ President		□President	·
□ Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	≱ Treasurer
Other	Other	□Other	Other
□Chairman	Name: Sisie Stinsun	□Chairman	Name:
□Vice Chairman	Address: 472 Daquelle Dr.	□Vice Chairman	Address:
□Director	Bowling Gloen Ky 42103	□Director	
□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	
□Vice President		□Vice President	
☐Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	Other
	Use an attachment to report more than six (6). The attachment to the index when filing four Florida Department Signature of Director of	ent of State Annual R	eport form.
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitution	hat the facts stated herein are true and that he or utes a third degree felony as provided for in
13	(Typed or printed name and capacity of person	on signing application	n)

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Authentication number: 309876

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CORPORATE SERVICE & SUPPLY COMPANY, INC.

CORPORATE SERVICE & SUPPLY COMPANY, INC. is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 15, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 22nd day of April, 2024, in the 232nd year of the Commonwealth.



Michael G. Adams Secretary of State

Commonwealth of Kentucky

Michael G. aldam

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