F24000005150

	(Requestor's Name)
	(Address)
	(
	(Address)
	(Address)
	(0) (0) 1 (7) (0) (1)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
☐ FICK-0F	MANUTE MANUE
	(Business Entity Name)
	(,
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
	E1) 0/5
Special Instructions to	Filing Officer:
	i





500437056285

RECEIVED





To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 10/01/24 Order #: 1632993-2

Re: Winsupply Jacksonville Beach FL 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 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

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.

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.

/2024 (Date		5	(FEI numb perpetual (Date of duration, i	er, if applical		
/2024 (Date	of incorporation) (Date first tr	5	perpetual			<u>.</u>
(Date	(Date first tr		(Date of duration, i	f other than p	perpetual)	
<u> </u>	(Date first tr		(Date of duration,	n omer man ş	cipcidal	
	(SEE SECTIONS		in Florida, if prior to registrati			
	•		1502, F.S., to determine penalt	y liability)		
SS - Comp	liance Services 3110 Kette	ring Blvd Moraine	OH 45439-1924			
		(Principal of	fice street address)			
_		(Current mail	ing address, if different)		1-2	
_			0.D. NOT	-	. ;	
and stree			O. Box NOI acceptable)	:	1	:
Name:	Corporation Service Co	ompany 		-		
ddress:	1201 Hays Street			•	: :	-
uuress.	Tallahassee		Florida 32301		70 40	
	(Cit	ty))		
		Name: Corporation Service Condition Service Cond	(Current mails and street address of Florida registered agent: (P. Name: Corporation Service Company 1201 Hays Street	ddress: Tallahassee , Florida 32301	(Current mailing address, if different) and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida 32301	(Current mailing address, if different) and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida 32301

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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS See attached □ Chairman Name: _____ □ Chairman □Vice Chairman Address: _____ Address: □Vice Chairman □ Director □ Director President ☐ President ☐ Vice President □Vice President _____ ☐ Treasurer ☐ Secretary Treasurer ☐ Secretary 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 Chairman □ Chairman Name: _____ Name: Address: □Vice Chairman Address: _____ ☐ Vice Chairman □Director □ Director ☐ President ☐ President ☐ Vice President □Vice President _____ ☐ Secretary ☐Treasurer ☐ 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 maybe 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. Sean W. Culler, Treasurer

(Typed or printed name and capacity of person signing application)

Florida Department of State - Division of Corporations Winsupply Jacksonville Beach FL Co.

Application by Foreign Corporation for Authorization to Transact Business in Florida Supplemental Information – Officer & Director Listing

Officers:

"Chairman"

Thomas M. Blackburn, President 1160 Shetter Ave Jacksonville Beach FL 32250-3411

"Vice Chairman"

Steven E. Lyon, Vice President 3110 Kettering Blvd Moraine OH 45439-1924

Michael S. Kirkland, Secretary 3110 Kettering Blvd Moraine OH 45439-1924 Sean W. Culler, Treasurer 3110 Kettering Blvd Moraine OH 45439-1924

Directors:

Michael D. Atwell

Thomas M. Blackburn

1160 Shetter Ave Jacksonville Beach FL 32250-3411

Justin L. Fennel

2365 Dennis St Jacksonville FL 32204-1709

Robert W. Ferguson

3110 Kettering Blvd Moraine OH 45439-1924

Steven E. Lyon

3110 Kettering Blvd Moraine OH 45439-1924



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

DELAWARE, DO HEREBY CERTIFY "WINSUPPLY JACKSONVILLE BEACH FL CO."

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 THIRTIETH DAY OF SEPTEMBER,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINSUPPLY

JACKSONVILLE BEACH FL CO." WAS INCORPORATED ON THE TWENTY-SIXTH DAY

OF SEPTEMBER, A.D. 2024.

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



Authentication: 204515509

Date: 09-30-24