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T. LEMIEUX APR 15 2025

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Show Howler Trucks	Inc.			
5020		tion - must include suffix			
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Good streferenced foreign corporation to transact but	Standing" and check are subm			
Please	return all correspondence concerning this ma	atter to the following:			
	Mark Campbell II				
	Show Howler Trucks I	of Person			
	116 Industrial Parkux	Company Ly E.			
	Middlebury IN 4	4540			
	mandellastratrailer	ite and Zip code COM led for future annual report no	ification)		
For fu	ther information concerning this matter, plea	se call:			
7	Name of Person at 57	4) 835 - 107104 Code Daytime Telepho	ne Number		
	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 Corp P.O. Box 6327 Tallahassec, FL	tion porations		
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTM! 0.00 Filing Fee S78.75 Filing Fee & Certificate of Status	ENT 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

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (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)

35-2101910

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MAT STUTZMAN Name: Office Address: 9. Registered agent's acceptance: 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. (Registered agent's signature)

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

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

A. DIRECTORS			
OChairman Name: Matthew Stutzman	□Chairman	Name:	
Uvice Chairman Address: 116 Industrial ParkwayE	□Vice Chairman	Address:	-
Director Middleany, IN 46540	□Director		<u> </u>
President	□President		
□Vice President	□Vice President		
□Secretary □Treasurer	Secretary		□Treasurer
□Other	Other		□Other
Chairman Name: Mark Campbell II Vice Chairman Address: Director	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Address:	□Treasurer □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
Important Notice: Use an attachment to report more than six (6). The attachment individuals may be added to the index when filing your Florida Department 12. Signature of Birector or	nt of State Annual Re	port form.	urposes only. Non-indexed
The officer or director signing this document (and who is listed in number she is aware that false information submitted in a document to the Departr s.817.155, F.S.	11 above) affirms the	at the facts stated tes a third degree	I herein are true and that he or efelony as provided for in

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

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SHOWHAULER TRUCKS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 20, 2000, and was in existence or authorized to transact business in the State of Indiana on March 21, 2025.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 21, 2025

iego Morales

DIEGO MORALES SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on April 20, 2025.