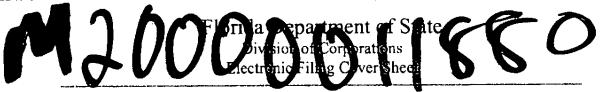
12/22/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company Custom Glass Solutions Fostoria, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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Page: 3 of 5

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORILIA: Custom Glass Solutions Fostoria, LLC (Name of Fareign Limited Liability Company, must include "Limited Liability Company," "L L C.," or "LLC.") (If name unavailable, onter alterrate name adopted for the purpose of transacting basiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 43-1984002 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 600 Lakeview Plaza, Suite A 5804 North 54th Street (Street Address of Principal Office) Worthington, Ohio 43085 Tampa, Florida 33610 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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) C T Corporation System

James M. Halpin Assistant Secretary Page: 4 of 5

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and	Address:
□Manager	Name: Michael Gonnella	□Manager	Name: Nea	le Yeomans	
□Member	Address:	□Member	Address: 60	00 Lakeview Pl	828
□Authorized	Suite A	CD A Marriand	Suite A		
Person	Worthington, Ohio 43085	Person	Worthington, Ohio 43085		;
Other	Other	President &	CEO	□Other	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:	<u> </u>	
□Authorized		Authorized			
Person		Person			27
∐Other	Other	□Other		Other	
					2 2
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		<u> </u>
□Authorized	<u></u>	□Authorized			~~~
Person		Person			
□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 your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

an Della	
Signature of an authorized person	
Michael Gonnella, Vice President and Chief Financial Officer	
Typed or printed name of signes	

To: 18506176383



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CUSTOM GLASS SOLUTIONS FOSTORIA, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D.

2020.

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

2019[- 23 1 4.76

Authentication: 204396114

Date: 12-22-20

3594018 8300 SR# 20208734497