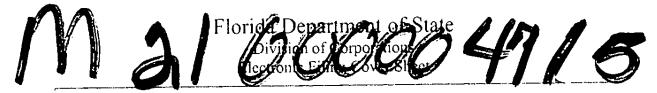
Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (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.

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Foreign Limited Liability Company Eastern Wholesale Fence LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Eastern Wholesale Fence LLC (Name of Foreign United Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") Of name unavailable, outer afternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Liability Company," "L.L.C," or "L.E.C,") 82-0906793 (F.I. number, if applicable) (Jurisdiction moder the law of which foreign limited hability company is organized) (Dute first transacted business in Florida, if prior to registration.) (See sections 05:6901 & 605 0905, F.S. to determine penulty liability.) 266 Middle Island Road 266 Middle Island Road (Madag Address) (Street Address of Principal Office) Medford, NY 11763 Medford, NY 11763 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name:

Registered agent's acceptance:

Office Address:

1200 South Pine Island Road

(City)

Plantation

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.

, Florida

By:	Stephone Honey	Stephanie Hencz, Assistant Secretary		
	(Registered agent's signature)			

DocuSign Envelope ID: 5D08106C-24C0-4A5D-88E4-2FA7653DF93D

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: EasternAequisitionCompany,Inc	Manager	Name: KennethClay
□Member	Address: 1209OrangeStreet	□ Member	Address: 266MiddleIslandRoad
□Authorized		■ Authorized	
Person	Wilmington, DE 19801	Person	Medford, NY 11763
Other	□ Other	Other]Other
□Manager	Name: PeterWilliams	_ Manager	Name:
□Member	Address: 266MiddleIslandRoad	ZMember	Address: 266MiddleIslandRoad
Authorized		 Authorized	
Person	Medford, NY 11763	Person	Medford, NY 11763
□Other	⊡Other	_ Other	Other
□Manager	Name:	∐ Manager	JohnNewman Name:
-	Address: 266MiddleIslandRoad		Address: 266MiddleIslandRoad
□Member	Address:	_	
Authorized	N. 10. 1 NV 11262	■ Authorized	Medford, NY 11763
Person	Medford, NY 11763	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.

BOWIL	
	Signature of no authorized person
Brent Willson	
	Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EASTERN WHOLESALE FENCE 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 FOURTEENTH DAY OF APRIL, A.D. 2021.

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

a at corp delaware gov/auti

Authentication: 202962487

Date: 04-14-21