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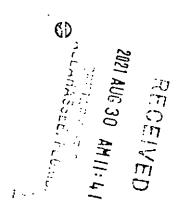
(Requestor's Name)
(Address)
, , ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
<u></u>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195		
	REFERENCE	:	973532	3776A	
	AUTHORIZATION	:	Linestelle	man)	
	COST LIMIT	:	\$ 125.00		
ORDER DATE :	August 24, 2021				
ORDER TIME :	10:50 AM				
ORDER NO. :	973532-010				
CUSTOMER NO:	3776A				
FOREIGN FILINGS					
NAME :	WINSUPPLY BRA	DENT	TON FL CO.		
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING	ł:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT# 61594

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.

"Inc.," "Co.,"	f corporation; must include "INCORPORATEE "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	ЭN,"
(If name unav	ailable in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
Delaware 3		87-2326720	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if	applicable)
08/24/2021	5	Perpetual	
(Date of incorporation) 5.		(Date of duration, if other	r than perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)
c/o WGS - Cor	npliance Services 3110 Kettering Blvd Moraine	OH 45439-1924	
		fice street address)	
	(Current mail:	ng address, if different)	
Name and st	reet address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
	reet address of Florida registered agent: (P. Corporation Service Company	O. Box <u>NOT</u> acceptable)	
Name and str	Corporation Service Company	O. Box <u>NOT</u> acceptable)	
Name:		O. Box <u>NOT</u> acceptable)	27
Name:	Corporation Service Company	32301	21 Aug 3
Name:	Corporation Service Company 1201 Hays Street		21 /4630 21 /4630
Name: ffice Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)	, Florida	ELLED THE STATE OF
Name: ffice Address: Registered a	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance:	, Florida 32301 (Zip code)	
Name: ffice Address: Registered a aving been na signated in th	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept servis application, I hereby accept the appoint	, Florida 32301 (Zip code) ice of process for the above state ment as registered agent and ag	ed corporation at the pla ree to act in this capacit
Name: ffice Address: Registered a aving been na signated in the	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept servis application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 32301 (Zip code) ice of process for the above statement as registered agent and agrelative to the proper and comple	ed corporation at the pla ree to act in this capacit
Name: ffice Address: Registered s aving been na esignated in the	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept servis application, I hereby accept the appoint	, Florida 32301 (Zip code) ice of process for the above statement as registered agent and agrelative to the proper and comple	ed corporation at the pla ree to act in this capacit
Name: ffice Address: Registered a aving been na esignated in the	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept servis application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 32301 (Zip code) ice of process for the above statement as registered agent and agrelative to the proper and comple	ed corporation at the pla ree to act in this capacit
Name: office Address: Registered a faving been na esignated in the orther agree to	Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept services application, I hereby accept the appoint comply with the provisions of all statutes ar with and accept the obligations of my p	, Florida 32301 (Zip code) ice of process for the above statement as registered agent and agrelative to the proper and comple	ed corporation at the pla ree to act in this capacit

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 See attached Chairman Name: Name: _____ Chairman □ Vice Chairman Address: □Vice Chairman Address: ☐ Director □ 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 ____ □ 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 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.

1 Smill Thursmer

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

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA WINSUPPLY BRADENTON FL CO.

SUPPLEMENTAL INFORMATION - OFFICER & DIRECTOR LISTING

Officers:

President & Chairman	Nicholas J. Valastro	4822 Lena Rd Bradenton FL 34211-9498
Vice-President	Robert F. McCullough	3110 Kettering Blvd Moraine OH 45439-1924
Secretary	Michael S. Kirkland	3110 Kettering Blvd Moraine OH 45439-1924
Treasurer	Sean W. Culler	3110 Kettering Blvd Moraine OH 45439-1924

Directors:

Nicholas J. Valastro	4822 Lena Rd Bradenton FL 34211-9498
Robert F. McCullough	3110 Kettering Blvd Moraine OH 45439-1924
Robert W. Ferguson	3110 Kettering Blvd Moraine OH 45439-1924
Justin L. Fennel	2365 Dennis St Jacksonville FL 32204-1709
Mark A. Burke	2365 Dennis St Jacksonville FL 32204-1709
John D. Knab	7040 Anderson Rd Tampa FL 33634-4410



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

DELAWARE, DO HEREBY CERTIFY "WINSUPPLY BRADENTON 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 TWENTY-FOURTH DAY OF AUGUST, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINSUPPLY BRADENTON FL CO." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 203994930

Date: 08-24-21