Filing and License Fee: \$310.00 minimum



Form No. 150 Revised: 06/11

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

RECEIVED REC

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

	following statement:		of Authority to transac				ic, and for th	at purpe	ise subinits
1.	The name of the co	prporation is	FINISHM	PASTER	,In	JC.	<u>.</u>	P. 2	
2.	It is incorporated u	nder the laws of	INDIANI	4				2015	
3.	The name, if differen	ent, which it elects to	use in Rhode Island	is:	1			Ę	
	"incorporated",	of the corporation i or "limited" or an a te endings for use in	n its jurisdiction of i abbreviation thereof, t Rhode Island:	ncorporation do then list the nan	es not co ne of the	ontain the corporation	word "corpo with the ad	ration", dition of	"company", "one of the OF S
	(b) If the corporate qualify and tra	e name is not availat ensact business in f	ble in Rhode Island, the Rhode Island as state	nen set forth belo ed in the "Fictitio	ow the ficti ous Busin	tious name ess Name	under which Statement" t	់ th & បិលក្ to be file	ર ે ooration will ed with this
4.	The date of its inco	rporation is 11/	12/1996 5W. WASHIMA office in Rhode Island	and the p	eriod of its	duration is	PERF	ETU	AL
5.	The address of its r	principal office is 11	SW. WASHING	TON ST. SUI	TE 7 Sons	" INDI	ANA POUL	S IN	4620
	The address of its a		office in Dheada Island	450 V6	TERA	NS ME	MORIAL	PARK	 CW Ausu
6.	The address of its p	proposed registered	onice in knode island	(Street Add	ess, not P.C	Box)	1,4.4	/
	EAST PRO	VIDENCE	RIO2919 (Zip Code (Ristered)	and the nam	e of its pro	oposed regi	stered agent	in Rhoc	ie Island at
	(Ci	ity/Town)	(Zip Code	1	-				
	that address is	NATIONAL P	GRISTERED I	HGENTS,	TWC	·•		<u>-</u>	
7.			ses to pursue in the to					. 60	
	DISTRI	BUTTON OF	AUTOMOTIVE	PAINTS	₩'n0	PAINT	Suppl	163	
					<u> </u>				
8.	(a) The names ar		sses of its directors (optional unless	directors :	are required	d under the l	laws of	the state or
		<u>Name</u>		0.55		<u>Addres</u>	<u>s</u>		
	Director	NIA		9:55	Am				
	Director			FILED					
			<u> </u>	JUL 17 201	5		-,		
	Director								
	Director			25294	2_0				

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President Vice President TRAVIS T. TROTT TRAVIS T. TROTT The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par and series, if any, within a class. is: Number of Shares Class Series Toughts. J. Par Value of shares, shares without par and series, if any, within a class. is: Number of Shares Class Series Series Par Value or Statement that shares are without Par Value # 1.00 I,000,000 Preffered Par Varue 10. (a) \$ 115,000,000 Preffered Par Varue Address III III III III Par Value of shares, shares without par and series, if any, within a class. is: Par Value or Statement that shares are without Par Value # 1.00 I,000,000 Preffered Par Varue 10. (a) \$ 115,000,000 Par Varue An estimate of the value of all property to be owned by the corporation of following year, wherever located. (b) \$
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Secretary V.P. HERB D. Butter W. U. W. Suite 7 South 9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par and series, if any, within a class, is: Number of Shares Class Series Shares are without Par Value
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the percentage} 12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country uncountry.
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country und
of which it is congruenced
laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no
than the 90th day after the date of this filing,
Under penalty of perjury, I declare and affirm that I have examin Application for Certificate of Authority, including any accomp
attachments, and that all statements contained herein are tru
correct.
Date: 6-25-15 Signature of Authorized Officer of the Corporation
Date: Signature of Authorized Officer of the Corporation
To the
Type or Print Name of Authorized Officer

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

2015 JUL 17 AM 9: 55

SECRETARY OF STATES

To Whom These Presents Come, Greetings:

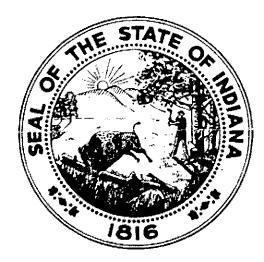
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FINISHMASTER, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 12, 1996, and was in existence or authorized to transact business in the State of Indiana on June 25, 2015.

I further certify this For-Profit Domestic 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.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fifth Day of June, 2015.

Corrie Lawson

Connie Lawson, Secretary of State

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SECRETARY OF STATE
SECRETARY OF S

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

