



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2021 JUN 14 P 1:26

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Park River Intermediate, Inc.

2. It is incorporated under the laws of:

Delaware

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 11/05/2020

And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)☐ Date certain for dissolution _____

5. The address of its principal office is:

1321 Greenway Dr., Irving, TX 75038

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

C T Corporation System

Street Address (NOT a P.O. Box)

450 Veterans Memorial Parkway, Suite 7A

City/Town

East Providence

State

RHODE ISLAND

Zip Code

02914

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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STATE

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By 039N JF

FORM 150 - Revised: 08/2020

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
holding company

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1	Common		\$1.0000

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.53 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Jennifer Kurz, Secretary

Date

6/11/2021

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150 - Revised: 08/2020

OFFICER AND DIRECTOR ATTACHMENT

OFFICERS

Jose Feliciano- President-233 Wilshire Blvd., Santa Monica, CA 90401

Bill White- CFO- 1321 Greenway Dr., Irving TX 75038

Pedro M. Urrutia-Treasurer-233 Wilshire Blvd., Santa Monica, CA 90401

Fred Ebrahemi-Vice President and Secretary- 233 Wilshire Blvd., Santa Monica, CA 90401

DIRECTORS

Pedro M. Urrutia-233 Wilshire Blvd., Santa Monica, CA 90401

Jose Feliciano-233 Wilshire Blvd., Santa Monica, CA 90401

Behdad Eghbali-233 Wilshire Blvd., Santa Monica, CA 90401

Colin Leonard-233 Wilshire Blvd., Santa Monica, CA 90401

Tom Koos- 1321 Greenway Dr., Irving TX 75038

Fred Ebrahemi-233 Wilshire Blvd., Santa Monica, CA 90401

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARK RIVER INTERMEDIATE, INC." 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 ELEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



4071612 8300

SR# 20212423457

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203425540

Date: 06-11-21

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Park River Intermediate, Inc., a company incorporated under the laws of the State of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for the Corporation (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and / or employees of CT or an affiliate thereof), to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to qualify or update the entities' mailing and principal office address through amendments, annual reports or other documents in accordance with all governing business entity laws, for the Corporation as directed by the Corporation in any State.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this

5/27/21

Date:

Park River Intermediate, Inc.
A Delaware Corporation

By: Bill White

Name: Bill White

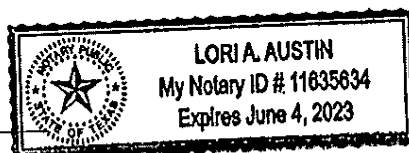
Title: Chief Financial Officer

State of Texas
County of Dallas

On 5/27/21, before me, the undersigned, a Notary Public in and for said State, personally appeared Bill White, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal

Lori A. Austin
Lori A. Austin, Notary Public



Schedule A

Park River Intermediate, Inc.
PriSo Holding Corporation
PrimeSource Building Products, Inc.



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
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:

June 14, 2021 01:26 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

