# B0700000346

(Re	equestor's Name)	<del>.</del>
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ı
	Filing Officer:	39 <sup>29</sup>

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2007

MATT STARK P.O. BOX 6129 LAFAYETTE, IN 47903

SUBJECT: WABASH NATIONAL, L.P.

Ref. Number: W07000053904

We have received your document for WABASH NATIONAL, L.P. and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 607A00063755

#### **COVER LETTER**

Registration Section

Tallahassee, FL 32301

TO:

Division of Corporations	
SUBJECT: WABASH WATTONAL, L.P.	
(Name of Foreign Limited Partnership or Limited Lia	bility Limited Partnership)
The enclosed application, certificate of status and fees at limited partnership or limited liability limited partnership. Please return all correspondence concerning this matter.	o to transact business in Florida.
(City State and Zin Code):	
(Contact Person)	<del></del>
WARASH NATIONAL, L.P	
(Firm/Company)	
PO Box 6129	2001 SEC
(Address)	AH S T
LARAGENTE, IN 47803	TILED  2001 NOV 15 P 3: 0  SECRETARY OF STATE ALLAHASSEE. FLORID
(City, State and Zip Code)	
For further information concerning this matter, please ca	TOF STATE OF
_	
MATT STA-Exc at (765) (Name of Contact Person) (Area C	Code and Daytime Telephone Number)
(Area C	ode and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	
STREET ADDRESS: MA	ILING ADDRESS:
Registration Section Registration Section	
Division of Corporations Division of Corporations	
	D. Box 6327
2661 Executive Center Circle Tal	lahassee, FL 32314

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

WARRIA NATIONAL L.P.	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.	
or LLLP.	
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)	
2. DELAWARE 3. 7/9/1999	
(State or Country of Formation) (Date of Formation)	
4. CORFORATION SERVICE COMPANY	44 44
(Name of Registered Agent for Service of Process)	
5. 1201 HAYS STREET	
(Florida street address for Registered Agent)	
TAMAHASSER FL 32301	
6. 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 an accept the obligations of my position as registered agent.	
× John Nemul EFF 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1
	-
7. 2161 Gartellice COAD	
(Principal office address)	
7. 2711 Clartelle LE ROAD  (Principal office address)  Wummberoof, DE 12808  DE 0	
the same of the sa	
8. If limited partnership is a limited liability limited partnership, check box	

Page 1 of 3

9. PO BOX 6129	
(M	ailing address)
LAFANETTE, IN 1790	93
10. Name, principal office address, and	mailing address of each general partner:
RICHARD GIROMINI	LACAYETTE, IN 47905
(Name)	LACAYETTE, IN 47905
	PO Box 4129
	LACAMETTE, IN 47903
CYNTHA KEKTZ (Name)	1000 BAGAMONE PUWY. S.
(Name)	LACAYRETE, IN 47905
	PO Box 6129
	Mailing Address)  LAVAMETTE, IN 47983
ROBERT I. SMITH	1000 Sacramoel Pasy=S.
(Name)	LAMAYETTE, IN 4 9205
	[M]
	PO BOX 6/29 FS D (Mailing Address) F W COMMAN ROTE, IN 4 990.30
(Name)	(Street Address)
	(Mailing Address)
	<del>-</del>

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)
11. Effective date, if other than the date of f (Effective date cannot be prior to not filed by the Florida Department of St	r more than 90 days after the date this document is
to the delivery of this application to	nce duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of of the entity's records in the jurisdiction under the
Signed this day o	f_OGOBER
Signature of a general partner:	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WABASH NATIONAL, L.P." 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-FOURTH DAY OF MAY, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WABASH NATIONAL, L.P." WAS FORMED ON THE NINTH DAY OF JULY, A.D. 1999.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 4769111

DATE: 05-24-06

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