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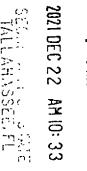
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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S. ROBERTS

DEC 2 2 2021

COVER LETTER

TO:	_	tration Section ion of Corporations				
SUBJ	FCT.	A WAREHOUSE ON WHEEL	S, INC.			
50150		Name of	corporation	- must ii	nclude suffix	
Dear S	ir or M	adam:				
"Certif	ficate o	"Application by Foreign Conf Existence," or "Certificate of ced foreign corporation to tra	f Good Stan	ding" an	d check are subi	
Please	return	all correspondence concernin	g this matter	to the fo	llowing:	
Trevor	K. Brev	ver				
			Name of 1	Person		
Brewer	Long P	LLC				
			Firm/Com	pany		
407 W	ekiva Sp	orings Rd Ste 241				
			Addre	:SS		
Longw	ood, FL	32779				
			City/State as	nd Zip co	ode	
tbrewe:	t@pten.	erlong.com				
		E-mail address:	(to be used f	or future	annual report n	otification)
For fu	rther in	formation concerning this ma	πer, please c	all:		
Trevor K. Brewer		407 660-2964				
	Nam	e of Person	Area Code	_/ e	Daytime Telepl	none Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassec, F	ection orporations 7
Please	make ch	check for the following amounced payable to: FLORIDA DEI ing Fee S78.75 Filing Certificate of	PARTMENT Fee & [\$78.75	TE Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	orporation; must include "INCORPORATED," "(orp." "Inc." "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
Illinois	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	licable)	
03/25/1991	5			
(Date	of incorporation) 5	(Date of duration, if other the	ation, if other than perpetual)	
12315 New Aven	(Date first transacted business in Fig. (SEE SECTIONS 607.1501 & 607.1502, tue		·)	
12315 New Aven	(SEE SECTIONS 607.1501 & 607.1502, nue (Principal office s	F.S., to determine penalty liability		
_	(SEE SECTIONS 607.1501 & 607.1502, nue (Principal office 9	F.S., to determine penalty liability	2021 DE SECSS TALL	
Lemont, IL 6043	(SEE SECTIONS 607.1501 & 607.1502, nue (Principal office 9	F.S., to determine penalty liability street address) ddress, if different)	2021 DEC 22 SECH: BAHAS TALLAHAS	
Lemont, IL 6043	(SEE SECTIONS 607.1501 & 607.1502, nue (Principal office 9 (Current mailing a	F.S., to determine penalty liability street address) ddress, if different)	2021 DEC 22 SECH: BAHAS TALLAHAS	
Name and street	(SEE SECTIONS 607.1501 & 607.1502, nue (Principal office so the set address of Florida registered agent: (P.O. E.)	F.S., to determine penalty liability street address) ddress, if different)	2021 DEC 22 A	
Name and street	(SEE SECTIONS 607.1501 & 607.1502, nue (Principal office so the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of Florida registered agent: (P.O. Element Description of the set address of the set addres	F.S., to determine penalty liability street address) ddress, if different)	2021 DEC 22 SECH: BAHAS TALLAHAS	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

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 under the law of which it is incorporated.

(Begistered agent's signature)

A. DIRECTORS								
□ Chairman	Name: Kerry A. Fierke	□ Chairman	Susan Kierke Name:					
□Vice Chairman	Address:	□Vice Chairman	Address: 12315 New Avenue					
□Director	Lemont, IL 60429	□Director	Lemont, IL 60429					
■ 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	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. 12. 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.								
Susan Fierke, Secretary (Trend or existed norm and exercise of person signing analisation)								
(Typed or printed name and capacity of person signing application)								

File Number

5632-782-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

A WAREHOUSE ON WHEELS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 25, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of DECEMBER A.D. 2021 .

Authentication #: 2135401828 venfiable until 12/20/2022 Authenticate at; http://www.ilsos.gov

SECRETARY OF STATE