

M220000/2335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

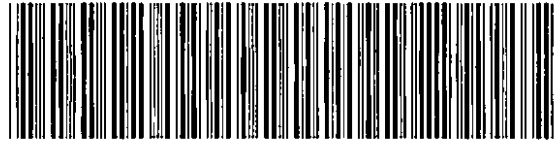
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 08/05/2022

Acc#120160000072

Eric Dill

Name:	Wesanco, LLC
Document #:	
Order #:	14456808

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 155.00

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wesanco, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. California (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. January 2, 2019 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 16404 Knott Avenue (Street Address of Principal Office)

6. 16404 Knott Avenue (Mailing Address)

La Mirada

La Mirada

CA 90638

CA 90638

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: Meredith Hellwig, Assistant Secretary (Registered agent's signature)

Meredith Hellwig

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>ZSi-Foster, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Richard Stepien</u>
<input checked="" type="checkbox"/> Member	Address: <u>1751 Summit Drive</u>	<input type="checkbox"/> Member	Address: <u>8100 Tridon Drive</u>
<input type="checkbox"/> Authorized	<u>Auburn Hills, MI 48326</u>	<input checked="" type="checkbox"/> Authorized	<u>Smyrna, TN 37167</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Laurie Stinson</u>	<input type="checkbox"/> Manager	Name: <u>Thomas D. Wright</u>
<input type="checkbox"/> Member	Address: <u>8100 Tridon Drive</u>	<input type="checkbox"/> Member	Address: <u>1751 Summit Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Smyrna, TN 37167</u>	<input checked="" type="checkbox"/> Authorized	<u>Auburn Hills, MI 48326</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brian Szymanski</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1751 Summit Drive</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Auburn Hills, MI 48326</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

/s/ Richard Stepien

Signature of an authorized person

Richard Stepien

Typed or printed name of signee



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: WESANCO, LLC
Entity No.: 0676200
Registration Date: 03/05/1973
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 04, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 034925527

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.