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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 o	f Status
Special Instructions	to Filing Officer:	
	Office Hea Only	



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PROJECT A D 38

COVER LETTER

TO: Registration Section Division of Corporations	
Dillon Tire Inc.	
SUBJECT: Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact businesses."	nding" and check are submitted to register the
Please return all correspondence concerning this matter Alan D. Slattery	to the following:
Name of	Person
Rembolt Ludtke LLP	
Firm/Com	pany
1128 Lincoln Mall, Suite 300	72
Addro	ess
Lincoln, Nebraska 68508	
City/State a	nd Zip code
krowe@remboltlawfirm.com	
E-mail address: (to be used to	for future annual report notification)
For further information concerning this matter, please of	eall:
Karen M. Rowe 402	475-5100
Name of Person Area Code	e Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certificate of Status & Certified Copy

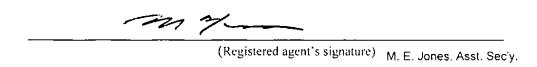
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

i.	Dillon Tire Inc								
••		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	` "COMPA	ANY.	"CORPORATION,"				
	(If name unavaila	able in Florida, enter alternate corporate name	adopted fo	r the p	ourpose of transacting b	ousiness in Flo	orida)		
2.	Nebraska	3.	47-06695	04					
4.	(State or country under the law of which it is incorporated) April 9, 1984			3(FEI number, if applicable)					
6.	(Date of incorporation) (Date of duration, if other the July 1, 2018								
7		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501), treet, Lincoln, Nebraska 68528) 			
7		(Princi)	oal office a	ddress	;)		• • • • • • • • • • • • • • • • • • •		
	-	(Current maili	ng address.	if dif	ferent)	. >			
8.	Name and stree	et address of Florida registered agent: (P.0	D. Box <u>N</u>	<u>OT</u> ac	eceptable)	ڋ۪			
	Name:	C T Corporation System				า.ม ยา			
0	ffice Address:	1200 South Pine Island Road							
		Plantation	, Fk	orida j	33324				
		(City)			(Zip code)				

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman	:		
Address: .			
Vice Chai	irman:		
Address: .			
- Director:	John Buettner		_
Address:	4101 West O Street		
riddiess.	Lincoln, Nebraska 68528		
Director:	Shawn Wilkening		
Address:	4101 West O Street		
	Lincoln, Nebraska 68528 .		
B. OFF.	John Buettner		
Address:	4101 West O Street, Lincoln, Nebraska 68528	- 22	
	Lincoln, Nebraska 68528		bu g
Vice Pres	Shawn Wilkening ident:		* ; · · · · · · · · · · · · · · · · · ·
Address:	4101 West O Street	رب	
	Lincoln, Nebraska 68528	<u> </u>	
/Secretary:	Shawn Wilkening	ر ر د ب	
Address:	4101 West O Street, Lincoln, Nebraska 68528		
Treasurer	Shawn Wilkening		
Address:	4101 West O Street, Lincoln, Nebraska 68528		
NOTE:	lenecessiry, you may attach an addendum to the application listing additional officers and/ Signature of irector or Officer	or director	·
are true a	cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Departmen egree felony as provided for in s.817.155, F.S.		
13Sh	awn Wilkening, Vice President and Director		

STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

DILLON TIRE, INC.

incorporated on April 9, 1984 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

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In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of **June 11, 2018**

Secretary of State