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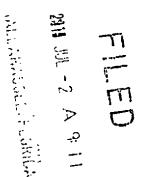
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COVER LETTER

_	ration Section on of Corporations							
SUBJECT:	Tire Distributors, Inc.	dba/Hornsby Tir	e Distributors					
Name of corporation - must include suffix								
Dear Sir or Ma	dam:							
"Certificate of		rate of Good Star	Authorization to Transachding" and check are subsess in Florida.					
Please return al	ll correspondence conc	erning this matte	r to the following:					
S. Todd Mito	chell, CPA, CFO							
_		Name of	Person	_				
Tire Distribu	tors, Inc.							
*		Firm/Con	прапу	À (11				
322 S. Alice	Street			At. Av.				
		Addr	ess					
Dothan, AL	36301							
		City/State a	ind Zip code					
todd@horns	bytire.com			-				
	E-mail add	ress: (to be used	for future annual report r	notification)				
For further info	ormation concerning the	is matter, please	call;					
S. Todd Mito	chell	at (334) 944-2600					
Name	of Person	Area Coo	le Daytime Telepl	hone Number				
Registi Divisio Clifton 2661 E	ET/COURIER ADDR ration Section on of Corporations a Building Executive Center Circle assee, FL 32301		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7				
Enclosed is a c	heck for the following	amount:						
□ \$70.00 Filit		iling Fee & Cate of Status	3 \$78.75 Filing Fee & Certified Copy	■ \$87.50 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.

1.	Tire Distribute	ors, Inc								
		rporation; must include "INCORPORATED," 'rp," "Inc," "Co," or "Corp.')	"СОМРАНУ"	"CORPORATIO	N,"					
	(If name unavailal	ble in Florida, enter alternate corporate name ad	lopted for the p	ourpose of transacti	ng busin	ess in Fle	orida)			
2.	Alabama	3.	63-0522575	}						
	(State or country	under the law of which it is incorporated)		(FEI number, if a	plicable	:)				
4.	08-24-1967	5.								
.,	(Date o	(Date of incorporation) 5. (Date of duration, if					other than perpetual)			
6.	08-01-2018				Ŀ	#151 #151				
٠.		(Date first transacted business in F			- - - - - - - - - - - - - -	ست بي	<u> </u>			
		(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to dete	rmine penalty liabil	ity);	5:				
7.	5858 Broadway Avenue, Suites 6-8, Jacksonville, FL 32254				::: :::	- 2	1			
	(Principal office address)					\Rightarrow	و د و وسمار			
	322 S. Alice S	treet. Dothan, AL 36301			<u></u>	<u>ب</u>				
		(Current mailing	address, if diff	erent)	2: 3:					
					3:*					
8.	Name and street	address of Florida registered agent: (P.O.	Box <u>NOT</u> ac	eceptable)						
	Name:	Fugua & Milton, P.A.								
										
Of	fice Address:	4450 Lafayette Street								
		Marianna	, Florida	32446						
		(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.

(Registered agent's signature)

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: Henny C. Weissinger Address: __ 3665 Waterside Way Louisville, TN 37777 Vice Chairman: Director: Steven P. Mattis Address: 12233 Preston Landing Way Knoxville, TN 37922 Director: Roger B. Hornsby Address: ___709 Royal Parkway Dothan, AL 363<u>05</u> **B. OFFICERS** <u>ب</u> President: Steven P. Mattis Address: 12233 Preston Landing Way Knoxville, TN 37922 Vice President: Address: Secretary: A. Kade Fralish Address: 4139 County Road 72, Ariton, AL 36311 Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. That Thehop, Secretary 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. 13. A. Kade Fralish, Secretary

(Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Tire Distributors, Inc. was formed in Barbour County, Alabama on August 24, 1967. The Alabama Entity Identification number for this entity is 018-541. I further certify that the records do not disclose that said entity has been dissolved, cancelled or forminated.



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In Testimony Whereof. I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/04/2018

Date

X 7. Menill

John H. Merrill

Secretary of State