20001016 ****100.00 ****100.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) *****25.00 *****25.00 (Corporation Name) (Document #) ☐ Certified Copy Pick up time Walk in Photocopy Certificate of Status ☐ Mail out ☐ Will wait **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICAT OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 27, 2001

JOHN PERKINSIN JR. 154 CHARLOIS BLVD. WINSTON-SALEM, NC 27103

SUBJECT: WILCOHESS LLC Ref. Number: W01000006829

We have received your document for WILCOHESS LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or

A FILED

your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 001A00018257

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

| | Delaware 2 56-2238783 |
|----------|--|
| 2. (J | Delaware 3. 56-2238783 [urisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable) |
| 4 | February 1, 2001 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6 | April 2, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| 7 | 5446 University Parkway |
| - | Winston-Salem NC 27105 (Street address of principal office) |
| 8. 3 | If limited liability company is a manager-managed company, check here X |
| 9. ′ | The name and usual business addresses of the managing members or managers are as follows: |
| | A T Williams Oil Co. Inc PO Box 7287 Winston-Salem, NC 27109 |
| | |
| | |
| | |
| thej | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: transport petroleum |
| • | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) |

Typed or printed name of signee

STATE OF NORTH CAROLINA)

COUNTY OF FORSYTH)

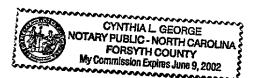
CERTIFICATION

I, Cynthia L. George, a Notary Public of Forsyth County, North Carolina, hereby certify that the foregoing is a true and exact copy of the Delaware Secretary of State's Certification of Authority and the Certificate of Formation of "WILCOHESS LLC" filed in the Office of the Secretary of State of Delaware on the first day of February, 2001 at 11:30 a.m.

Notary Public

My Commission Expires:

June 9, 2002



WINLIB01:693123.01

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| MITCOHE | ss LLC | |
|-------------------------------|---|-----------------------------|
| The name ar | d the Florida street address of the registered ag | ent and office are: |
| | Garage and the Garage Co | 70 2 108 3 |
| | Corporation Service Company (Name) | |
| | 1201 Hays Street | |
| | Florida street address (P.O. Box NOT A | CCEPTABLE) |
| • | Tallahassee, FL 3230 | 1 |
| | City/State/Zip | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Mayan Mattale (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILCOHESS LLC" 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-SEVENTH DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson Harrier Smith Windson, Secretary of State

3351525 8300

010149040

AUTHENTICATION: 1046882

DATE: 03-27-01