

Florida Department of State Division of Corporations

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To:

Division of Corporations

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Fax Number

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| **Enter | the | email a | address | for | this | busin | ess | entity | to | bе | used | for | future |
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| an | nual | report | mailin | gs. | Enter | only | one | email | addı | res | s ple | ase. | * * |

Email Address:

Foreign Limited Liability Company Midwest Wholesale, LLC d/b/a Midwest Group, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$125.00 |

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5 2010

COVER LETTER

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| TO: | Registration Section Division of Corporati | ons . | | |
|---------|---|-------------------------------|--|---|
| SUBЛ | ect: | Midw | west Wholesale, LLC | |
| | • | N | Name of Limited Liability Company | |
| Exister | ec, and check are subm | ltted to register the | liability Company for Authorization to Transact Business in Floric e above referenced foreign limited liability company to transact business. | ia," Certificate e Isinces in Plorie |
| Pičaso | return all corresponden | ce concerning this m | matter to the following: | |
| | | | Name of Person | - |
| | <u></u> | | Firm/Company | |
| | , | | Address | - |
| | | rzamboni | City/State and Zip Code | - |
| For fur | ther information concer | | in the used for future annual report notification) | _ |
| | | | | |
| | Nen | ne of Person | Area Code & Daytime Telephone Number | |
| | MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | ons . | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301 | |
| Enclos | sed is a check for th | t following amo | ount: | |
| | \$125.00 Filing Pec | \$130.00 Filip Certificate | | |

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|--|
| Members of Midwest Wholesale, LLC |
| (Manne, of Limited Limitity Company) |
| n limited liability company duly organized and existing under the laws of |
| Illinois P 7 |
| (State or County of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, P.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| Midwest Group, LLC |
| (Manie to be used by limited Hability company in Pioride NOTE: Name must and with Limited Liability Company, Lieft, or LEC.) |
| Date: 3/3/20/0 |
| Signature(s) of Manager(s) and/or Managing Member(s): |
| Midwest Distribution, LLC |
| By: Oler & Work |
| Alan F. Harris, Sr. |
| Its Sole Member |
| · |
| |
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| |
| |

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

| IN COMPLIANCE WITH LIMITED HARALITY COR | Y SECTION BOOSES, REORD MPANYTOTEANSWETERS | CA STATUTES THE FO VESS IN THE STATE OF T | LLONING IS STEMITED TO R LORIDA: | BENTER A FOREIGN |
|---|--|---|--|---|
| 1 | Midv | vest Wholesale. | ПС | |
| (Name of Foreign | | | LLC Tability Company," T.L.C., "o | **L(C,*) |
| | | ldwest Group, LLC | | · · · |
| (If name unavailable, on consent of the managers Company, "LLC" | or managing members ador | or the puipoes of thirtes. sing the alternate name. | ting business in Portile and strait The alternate name must include | a a cipy of the witten "Limited Lightlige" |
| · 2 5 | lijingis | 9. | 26-4771348 | |
| THE MAKEN IN ASSESSMENTS | 74 | A DEPUTY | (FEI number, if applicable) | |
| 4. Ap | ਗੇ 29, 2009 | 5 | Perpetua | |
| | of Cignication) | | Perpetial The Year Hadded Hability company The perpetial The pe | TO MAR -4 ME TILED |
| 6. <u>- 4400 Fi</u> | Line | sines in Florida il selo | edec namination. | |
| 1 | (See specious 608.50) & | 603,502 F.S., to determin | a penalty liability) | 开会 玉 |
| 7. 635 E. Cooper | | | | |
| Schaumberg, I | linois 60173 | | | 8: 08 FLOR |
| | (Su | est Vegices of ginethal | Office) | OP A |
| 8. If limited liability | y company le a manage | -managed company | check here | |
| | | of the managing mer | ibers or managers are as fol | lows |
| Midwest Distrit | aution, LLC | <u> </u> | | <u> </u> |
| 635 E. Cooper | Court, Unit A | | | |
| Schaumberg, I | Ilinola 60173 | | <u> </u> | |
| trejutation under the | gloodificate of editions, non law of which it is organized. he under out of the hand six r | (A photocopy is not acce | ynjhend by deollidd havi oble. If two criticals in a flui | ig distribly of records in gallanguaga: A |
| 11. Nature of busin | ess or biniboses to pe co | | in Florida: Wholesale t | <u>noituditial</u> |
| | | of cigara | | * |
| •• | alands | Harris | | |
| | Signature of e-merch (in accordance with section on afficulties under the pe | er or an anthorized to 603.408(3), P.S., the enter relies of product that the I | egresentative of a member. Non of this document excitints non third bords are burl | |
| • | Alan F. Hamis, S | r. Member of Mid for printed name of | west Distribution, LLC | |

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.

| 1. The name of the Limited I | Liability Compa | any is: | |
|--|---|---|---|
| | Midwest | Wholesale, LLC | |
| If unavailable, the alternate to | be used in the | state of Florida is: | |
| | Midwe | ast Group, LLC | |
| 2. The name and the Florida | street address o | of the registered agent and office a | are: |
| | CT Co | prporation System | O MAR |
| | | (Name) | ASSE LE |
| F | | uth Pine Island Road ess (P.O. Box NOT ACCEPTABLE) | Fig. 3 |
| _ | | | 8: 08 |
| | Plant | ation, FL 33324 | |
| , | | City/State/Zip | · |
| liability company at the place (agent and agree to act in this c relating to the proper and com | designated in the capacity. I furth plete performan egistered agent CON | o accept service of process for the c is certificate, I hereby accept the a ser agree to comply with the provis nce of my duties, and I am familiar as provided for in Chapter 608, Fl NIE BIVAN | ppointment as registered ions of all statutes with and accept the |
| | \$ 100.00 | Filing Fee for Application | |

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00 \$ 30.00

\$ 5.00

File Number

0280253-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MIDWEST WHOLESALE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 29, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1006201610

Authenticate at: http://www.cyberdrivaillingis.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD

day of

MARCH

A.D.

2010

SECRETARY OF STATE