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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name 1 C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Imperial Supplies LLC

Certificate of Status Certified Copy 05 Page Count Estimated Charge \$1,271.25

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Help

J. BRYAN

NOV 1 5 2010

	Registration Section Division of Corporations	
SUBJEC	IMPERIAL SUPPLIES LLC	
202044		ne of Limited Liability Company
The enclosed	osed "Application by Foreign Limited Liab e, and check are submitted to register the al	fifty Company for Authorization to Transact Susiness in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida
Please ro	turn all correspondence concerning this ma	tter to the following:
	CRISTEN L. KOGL	
		Nume of Person
	IMPERIAL SUPPLIES LLC	
		Firm/Company P. 2
		Address Address
	100 GRAINGER PARKWAY	Sign In
		Address MA F
	LAKE FOREST, ILLINOIS 60045	بی م شر
		City/State and Zip Code
	Cristen.kogl@grainger.c	OM ·
		o be used for future annual report notification)
For furthe	or information concerning this matter, please	e cail:
C	Cristen L. Kogl	at (847) 535-0518
•	Name of Purson	Area Code & Daytime Telephone Number
į	MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section
	P.O. Box 6327	Clifton Building
7	Taliahaasee, FL 32314	2661 Executive Center Circle Tailahassee, FL 32301
	d is a check for the following amou \$125.00 Filing Fee \$\int\\$130.00 Filing Fe	
L.	Curtificate of Stat	us Certified Copy of Status & Certified Copy

(1.03) - 1943/2010 CT System Online

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESINESS IN THE STATE OF FLORIDA.

11	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
١.	IMPERIAL SUPPLIES LLC
	(Name of Foreign Limited Liability Company; most molude "Limited Liability Company," "L.L.C.," or "LLC.")
co Co 2.,	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C." "LLC.") DHLAWARB (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4	MARCH 31, 2003 5. PERPETUAL
т,	(Date of Organization) (Duration; Year limited liability company will coase to
6	MARCH 31, 2003
ν.	(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.8, to datermine penalty liability)
7.	789 ARMED FORCES DRIVE, GREEN BAY, WISCONSIN 54304
, ,	EEFOF
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9,	The name and usual business addresses of the managing members or managers are as follows:
	JOHN L. HOWARD, 100 GRAINGER PARKWAY, LAKE FOREST IL 60045
	RONALD L. JADIN, 100 GRAINGER PARKWAY, LAKE FOREST IL 60045
	JAMES T. RYAN, 100 GRAINGER PARKWAY, LAKE FOREST IL 60045
ifu! tra	Attached is an original certificate of existence, no more than 90 days old, duly authoraticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: ANY LAWFUL BUSINESS
	OR ACTIVITY UNDER THE LAWS OF THIS STATE.
	Signature of a member of an authorized representative of a member.
	In accordance with section 608,408(3), F.N., the execution of this document constitutes an affirmation under the
	penalties of porjury that the facts stated therein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follony as provided for in s.817.155, F.S.)
	Cristen L. Kogl, Secretary, Imperial Supplies Holdings, Inc
	Typed or printed name of signee

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.

If unavailable, the alternate to be use	d in the state of Florida is:	10 NOV
2. The name and the Florida street as	ddress of the registered agent and office are:	112 E
C T Corporation System		# \$TAT
	(Name)	
1200 South Pine Island R	Load	ORIOF
Plorida St	rect Address (P.O. Box NO'C ACCEPTABLE)	
Plantation	FL 33324	
	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, Florida Statutes.

By:

C T Corporation System

Asistent Socretury

Askley Pipes

(S@riattlre)

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "IMPERIAL SUPPLIES 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 TWELFTH DAY OF NOVEMBER, A.D. 2010.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3638866 8300

AUTHENTICATION: 8348052

DATE: 11-12-10