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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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2015 JAH I B D 3: 00

B. BOSTICK
JAN 29 2015
EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Fleet Supply LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matthe	w Melick	<u>,</u>				
		Name o	of Person			
Fleet S	Supply LL	.C				
		Firm/C	ompany			
540 M	aryville C	entre [Dr, Suit	e 340		
		Ad	dress			
St. Lo	uis, MO 6	3141			23	2015
		City/State a	nd Zip Code		÷}	
mmelio	k@omeg	gapartn	ersllc.d	com		5
 -	E-mail address:	(to be used for	future annual rep	ort notification)		<u> </u>
For further information concern	ing this matter, pleas	se call:				ىپ
Matthew N	/lelick	at	314	744-3	312	00-
Nam	e of Contact Person	<u> </u>	Area Code	Daytime	Telephone Number	er
MAILING ADDRES		STREET A				
Division of Corporation Registration Section	115	Registration	Corporations Section			

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Fleet Supply LLC	SS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C," or "LLC.")	business in Florida. The alternate name must include "Limited
	-2569028
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
company is organized)	215
4. (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.)
	etermine penalty hability)
5. 540 Maryville Centre Dr., Suite	
St. Louis, MO 63141	
(Street Address of Princip	pal Office)
_{6.} 540 Maryville Centre Dr., Suite	340
St. Louis, MO 63141	
(Mailing Addres	s)
7. The name, title or capacity and address of the person(s) w	ho has/have authority to manage is/are:
	, ,
4 CHRISTOPHER W. PELLIBREEN, AUTH. REP., 540 MARYHLLI	E CENTRE DR. # 340, ST. LOUIS, MO 63141
+ JOHN R. HIEMI, AUTH, REP. 540 MARYVILLE CENTRE D	F. # 340 ST. Louis Mo 63141
	·
+ ARTAN GREZDA, 540 MARTVILLE CENTRE DR. # 34	to, ST. Louis, Mo 63141 AR
8. Attached is an original certificate of existence, no more tha	in 90 days old, duly authenticated by the official
having custody of records in the jurisdiction under the law of	
acceptable. If the certificate is in a foreign language, a transla	
must be submitted)	
h	
	70. T
Signature of an author (In accordance with section 605.0203, F.S., the execution of this document constitutes an a am aware that any false information submitted in a document to the Department of State co	ffirmation under the penalties of perjury that the facts stated herein are true.
John Nika	aı .
Typed or printed name of	of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Liability Co	mpany is:		
Fleet Supply LLC			
If unavailable, the alternate to be used in	the state of Florida is:		
2. The name and the Florida street addre	ess of the registered agent and office are:		
C T Corporat	ion System	2015	
	(Name)		-
1200 South P	ine Island Road	₹ -	FI
Florida Street Address (P.O. Box NOT ACCEPTABLE)			ح
Plantation,	FL 33324	일본 8	
	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 605, Florida Statutes.

(Signature)

Katherine Lackey, Assistant Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLEET SUPPLY 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 FIFTEENTH DAY OF DECEMBER, A.D. 2014.

2015 JAN 16 P 3: 00

4545017 8300

141505041

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1958918

DATE: 12-15-14

You may verify this certificate online at corp.delaware.gov/authver.shtml