Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number : (850)878-5368

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#### Foreign Limited Liability Company GE Commercial Distribution Finance LLC

Certificate of Status	0
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8/21/2015

	COVER LETTER				
TO: Registration Section Division of Corporati	ons				
SUBJECT: GE Commercial D					
	Name of Limit	od Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Conted to register the above refe	npany for Authorization to I renced foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida		
Please return all correspondence	concerning this matter to th	e following:			
	· · ·	Name of Person			
		<sup>g</sup> iro√Comp <b>a</b> ny			
		Address			
<del></del>	City/S	State and Zip Code			
Bridget.LaSalle	@ge.com	d for future annual report notif	College		
For further information concerni	•	a to raide amon ichart noor	Canony		
		ot (			
Name	of Contact Person	at ()	ayılme Telephone Number		
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Division Registra Clifton 2661 E	er Address: on of Corporations ation Section Building xecutive Center Circle assec, FL 32301			
Enclosed is a check for the ☐ \$125.00 Filing Fee	following amount:  \$\infty\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filling 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:

Liability Company," "L.L.C," or "L	te name adopted for the purpose of transacting business in Florida. The alternate name must include " LLC.")	130 HTGG
2. Delaware (Jurisdiction under the law of which company is organized)	3. 94-3054016 (FEI number, if applicable)	<del></del>
4. Upon Qualification	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)	
5. 500 W. Monroe St., Chicago		<del></del>
M	(Street Address of Principal Office)	<del></del>
5. Same		ॅ <b>डि</b> -
,		- A
	(Mailing Address)	. 4
7. The name, title or capac	ncity and address of the person(s) who has/have authority to manage is/are:	φ <b>Σ≃</b>
Stephen Battreall , 500 W. Monr	roc St., Chicago, IL 60661 - Manager	<u> 후</u>
	:0: 	
		<del></del>
		<del></del>
naving custody of records in	certificate of existence, no more than 90 days old, duly authenticated by the clin the jurisdiction under the law of which it is organized. (A photocopy is not be is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation.)	ot
naving custody of records in acceptable. If the certificate must be submitted)	in the jurisdiction under the law of which it is organized. (A photocopy is no	ot anslator accoin acc true. I
naving custody of records in acceptable. If the certificate nust be submitted)	in the jurisdiction under the law of which it is organized. (A photocopy is not it is in a foreign language, a translation of the certificate under oath of the translation under the certificate under oath of the translation under the certificate under oath of the translation of the certificate under oath oath oath oath oath oath oath oath	ot anslator acroin are true. I

# 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 Company is:	
GB Commercial Distribution Finance LLC	
If unavailable, the alternate to be used in the state of Florida ls:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	5
1200 South Pine Island Road	AUG 2
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	AM IO:
Plantation FL 33324	5
City/State/Zip	
©igen Nga	9
Having been named as registered agent and to accept service of process for the above stated limited lability 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.	
C T Corporation System	
By: My cfr	
(Signature) Alfred Younan	
Assistant Secreta	ary
\$ 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 HEREBY CERTIFY "GE COMMERCIAL DISTRIBUTION FINANCE 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 TWENTIETH DAY OF AUGUST, A.D. 2015.

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

2141782 8300

151198902

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

AUTHENTY CATION: 2664066

DATE: 08-20-15