

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000006649

1. Limited Liability Company's Name

Wells Fargo Commercial Distribution Finance, LLC

2. Principal Office Address - No P.O. Box #
500 W. Monroe St.

Suite, Apt. #, etc.

City & State
Chicago, IL

Zip
60661

Country
USA

3. Mailing Office Address
500 W. Monroe St.

Suite, Apt. #, etc.

City & State
Chicago, IL

Zip
60661

Country
USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 Hays Street

Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Courtney Williams

Asst. Vice President

Date 02.01.17

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|--|---|-----------------------------|
| MGR | Guy Fuchs | 2450 Colorado Ave Floor 03, 3000 | Santa Monica, CA 90404-3575 |
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REINSTATEMENT

FEB 01 2017

R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 2/1/2017

Daytime Phone # 310 453-7217

Typed or printed name of signing authorized representative/member

FILED

2017 FEB -1 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600295046896

CR2E041 (1/14)

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 493994 7990950

AUTHORIZATION :

COST LIMIT : \$377.50

ORDER DATE : February 1, 2017

ORDER TIME : 3:46 PM

ORDER NO. : 493994-005

CUSTOMER NO: 7990950

RECEIVED
DEPT. OF REVENUE
17 FEB 1 PM 4:13

REINSTATEMENT

NAME: WELLS FARGO COMMERCIAL
DISTRIBUTION FINANCE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

FEB 01 2017

EXAMINER'S INITIALS R HUNT