## MIM0000575

(Re	questor's Name)	
(Ad	dress)	
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JAN 2 2 2016 D. BRUCE

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

•	3*							
SUBJECT:	HUB Industrial Sup	ply, LLC						
SOBJECT,		Name of	Limited Liability	Company	-		-	
		reign Limited Liability Comp ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	Dianne Misenl	κο						
		N	ame of Person			<del> </del>	<del>-</del>	
	Applied Indust	rial Technologies, Inc.						
		F	irm/Company	· · · · · · · · · · · · · · · · · · ·			_	
	One Applied P	laza						
			Address		-		_	
	Cleveland, OH	44115						
		City/S	tate and Zip Code	<del></del>			_	
	dmisenko@appl	ied.com				7	2	
		E-mail address: (to be use	d for future annua	l report noti.	lication)	Em	- <b>=</b>	
For further in	nformation concernin	g this matter, please call:				En Sign	JAN 2	Sections Sections F B
Dia	anne Misenko		216 at (	426-451	2		21	
	Name o	of Contact Person	Area Code	Dayt	ime Telephone	Number	_ ⊳	D
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			Division o Registration Clifton Bu 2661 Exec		ORIGH rele	10: 3 <b>9</b>	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filit Certified Copy		□ \$160.00 Fili of Status & Ce			te

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

IN COMPLIANCE WITH SECTION 603.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")	<del></del>
if name unavailable, enter a	Itemate name adopted for the purpose of transacting business in Florida. The alternate name	ie must include "L	imited
inbility Company," "L.L.C.	." or "LLC.")		
Ohio	3. 47-5653031	·	<del></del>
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)		
1/4/2016	•		
·	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	•	
One Applied Plaza	(ace sections do 5,0004 & bo 3,000 3, 17,5, to determine pensity happing)		
· One Applied Flaza		•	
Cleveland, OH 44115			
	(Street Address of Principal Office)	•	
One Applied Plaza			
Cleveland, OH 44115			
	(Mailing Address)	•	
None and atreat address			
Name and <u>street agains</u>	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<b>基</b> (0	201
Name:	C T Corporation System		C)
Office Address:	1200 South Pine Island Road	<b>E</b> ffi	2016 JAN 21
2	Plantation 33324	ζη. Σ	2
	(City), Florida 33324 (Zip code)	<u>~</u>	
egistered agent's accept			$\triangleright$
	gistered agent and to accept service of process for the above stated limited liabili		
	tion, I hereby accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of my duties,		
	ny position as registered agent,	7>	۵
:	D	n Bolden	
	(Registered agent's signature)	t Secretary	
'	(wegistered agent's signature)		
The name, title or capa	eity and address of the person(s) who has/have authority to manage is/are:		
The name, title or capa	eity and address of the person(s) who has/have authority to manage is/are:		
The name, title or capa red D. Bauer, Vice Presid	eity and address of the person(s) who has/have authority to manage is/are:	······································	
The name, title or capa red D. Bauer, Vice Presions	eity and address of the person(s) who has/have authority to manage is/are:		
The name, title or capa red D. Bauer, Vice Presione Applied Plaza	eity and address of the person(s) who has/have authority to manage is/are:		
The name, title or capa red D. Bauer, Vice Presidence Applied Plaza leveland, OH 44115	of existence, no more than 90 days old, duly authenticated by the official having c	ustody of record	is in the
The name, title or capa red D. Bauer, Vice Presidence Applied Plaza reveland, OH 44115  Attached is a certificate risdiction under the law of	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of the contribution of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language.	ustody of record	is in the
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The name, title or capa ed D. Bauer, Vice Presione Applied Plaza eveland, OH 44115  Attached is a certificate isdiction under the law of the translator must be suits document is executed	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of abmitted)  Signature of an authorized person	the certificate un	ider oath

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HUB INDUSTRIAL SUPPLY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2447339, was organized within the State of Ohio on November 19, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of January, A.D. 2016.

Ohio Secretary of State

Validation Number: 201601401244