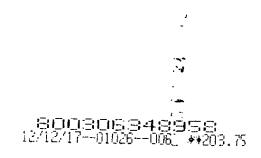
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(Requestor's Name)				
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DATE 12/12/2017		**WALK IN**
		WALK II
ENTITY NAME NATION	IAL FLEET SERVICES, LLC	
(NATALIE - PARAN	IET)	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	ON	_
NUMBER OF CERTIFICAT	ES REQUESTED	_
TOTAL OWED 125.00	CHECK #_4327	
Please call Tina at the	above number for any issues or concerns. Thank you so n	ruch!

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:

National Fleet Services	i, LLC Limited Erability Company; must include "Ennite				
(Name of Foreign	Limited Etability Company; must include Thinli	о спарину Сотралу, С.П.С., ог "	LIC. 1		
elf næne unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	ords. The alternate name must include "Lun	uted Liability Company," "L.L.C," or "LLC.")		
2, Delaware		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		ıF	El number, il applicable)		
4. 11-2-17					
	(Date first transacted business in Florida, if jinor to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty lightlity)			
5. 10201 Parkside Dr., Sc	uite 300	6. 10201 Parkside Dr., S			
(Street Address of Principal Office) Knoxville, TN 37922			(Mailing Address) Knoxville, TN 37922		
Knoxville, IN 37922		Khoxville, 1 N 37922			
					
7 Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
7. Name and street addices		(NOT acceptable)			
Name:	NRAI Services, Inc.	 			
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida <u>3332</u>	4 23		
	(City)	, ; riorida(Zip code)		
and accept the obligation:	ions of all statutes relative to the proper s of my position as registered agent. By: NRAI Services, Inc.	Leiha - Pau	e_		
		signature) Natalie Leiba-Paul -	•		
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:	as/have authority to manage is/ Title or Canacity:	/are: Name and Address:		
President	Jerry Hill				
	10201 Parkside Drive, Ste. 30 Knoxville, TN 37922	<u>)(</u>			
Secretary	James F. Rose				
Secretary	10201 Parkside Drive. Stc. 30	<u>)i</u>			
	Knoxville, TN 37922	_			
(Use attachments if neces	sary')				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted)	duly authenticated by the offic te is in a foreign language, a tr	cial having custody of records in the anslation of the certificate under oath		
10. This document is exec submitted in a document.	cuted in accordance with section 605.020 of the Department of State constitutes a the	(1) (b) Florida Statutes. I an hird degree felony as provided	n aware that any false information for in s.817.155, F.S.		
. (/ for	Hee _			
	Signatur	e of an authorized person			
	Jerry Hill				
	Typed	or printed name of signee			

Many with the Color of the State

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NATIONAL FLEET SERVICES 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 DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL FLEET SERVICES LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203735663

Date: 12-12-17