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COVER LETTER

	tration Section ion of Corporatio	ns					
SUBJECT:	Diesel Parts D	distribution, LLC					
Jobane I.		Name of	Limited Liability (Company			
The enclosed " Existence, and	Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liability	ansact Business in Florida," y company to transact busin	Certificate (less in Floric	of da.
Please return a	Il correspondence	concerning this matter to the	following:				
	Alexandre Sch	reiner Piccolli					
	-	N	ame of Person				
	Diesel Parts D	istribution, LLC					
		F	irm/Company				
	c/o 2600 S. Do	ouglas Road Suite 800					
			Address				
	Coral Gables,	FL 33134			·	2019	
		City/S	state and Zip Code		· · · · · · · · · · · · · · · · · · ·	2019 AUG 30	
	info@dieselpart	sd.com			•	_ 30 _	
		E-mail address: (to be use	d for future annual	report not	ification)		ניבי
For further info	ormation concerni	ng this matter, please call:			,	<u>; </u>	
Alexa	andre Schreiner Pi	ccolli	1-866 at (567-83	45	84	
	Name	of Contact Person	Area Code	Day	time Telephone Number		
Divisi Regis P.O. I	LING ADDRESS ion of Corporation tration Section Box 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301		
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited E	iability Company," "L.L.C." or "LLC.")
Delaware		3 83-3861218	
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FEI nu	mber, if applicable)
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	
c/o 2600 Douglas Rd S		6. c/o 2600 Douglas Rd Suit	te \$00
(Street Address of F Coral Gables, FL 3313	•	(Mailing Ad Coral Gables, FL 33134	ktress)
Corar Gables, 12 9313		Coral Gables, 12 35131	
Name and street address	ss of Florida registered agent: (P.O. Box		
Name:	Garcia, Espinosa, Miyares, Rodriguez,	, Trueba & Co. LLP	2015
Office Address:	2600 Douglas Rd Suite 800		AUG
	Coral Gables	, Florida <u>33134</u>	့ က်ာ မ ာ
	(City)	, 1 1011da (Zip co	<u>ω</u>
aving been named as re signated in this applica comply with the provisi	tance: egistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as regimered agent	process for the above stated limite is registered agent and agree to ac	ed liability company at the plant of in this capacity. If further of
esignated in this applica comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper	process for the above stated limite is registered agent and agree to ac and complete performance of my	ed liability company at the plot in this capacity. If further of duties, and I am familiar w
aving been named as re esignated in this applica comply with the provisi nd accept the obligation.	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as regidered agent (Registered wont's	process for the above stated limite is registered agent and agree to ac and complete performance of my	ed liability company at the plot in this capacity. If further of duties, and I am familiar w
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aving been named as resignated in this applica comply with the provisind accept the obligation. The name, title or capa Title or Capacity: MGR	gistered agent and to accept service of ption, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as revidered agent. (Resistered term's acity and address of the person(s) who ha Name and Address: Alexandre Schreiner Piccollic/o 2600 Douglas Rd Suite 800 Coral Gables, FL 33134 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	process for the above stated limite is registered agent and agree to accurate complete performance of my splanture) s/have authority to manage is/are: Title or Capacity:	Name and Address:

Typed or printed name of signee

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "DIESEL PARTS DISTRIBUTION, LLC" IS

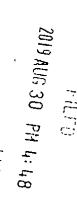
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIESEL PARTS DISTRIBUTION, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2019.

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





Authentication: 203433423

Date: 08-19-19

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