

M20000009320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

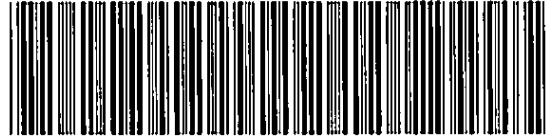
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300353842363

RECEIVED
2020 OCT 16 PM 4:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/19/20--01002--011 **125.00

FILED
2021 OCT 16 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 17 2020

W. D. HANLEY

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

White Cap Buyers, LLC

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT

☒ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 10/16/20 TIME _____

Notes: _____

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:

1. White Cap Buyer, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. State of Delaware 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Clayton, Dubilier & Rice, LLC 6. c/o Clayton, Dubilier & Rice, LLC
(Street Address of Principal Office) (Mailing Address)
375 Park Avenue, 18th Floor 375 Park Avenue, 18th Floor
New York, NY 10152 New York, NY 10152

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Olga Hinkel

(Registered agent's signature)

Olga Hinkel, Vice President

FILED
2020 OCT 16 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

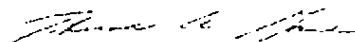
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>White Cap Holdco, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Theresa A. Gore</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Clayton, Dubilier & Rice, LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Clayton, Dubilier & Rice, LLC</u>
<input type="checkbox"/> Authorized	<u>375 Park Avenue, 18th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>375 Park Avenue, 18th Floor</u>
Person	<u>New York, NY 10152</u>	Person	<u>New York, NY 10152</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>J.L. Zrebiec</u>	<input type="checkbox"/> Manager	Name: <u>Tyler Young</u>
<input type="checkbox"/> Member	Address: <u>c/o Clayton, Dubilier & Rice, LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Clayton, Dubilier & Rice, LLC</u>
<input checked="" type="checkbox"/> Authorized	<u>375 Park Avenue, 18th Floor</u>	<input checked="" type="checkbox"/> Authorized	<u>375 Park Avenue, 18th Floor</u>
Person	<u>New York, NY 10152</u>	Person	<u>New York, NY 10152</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Nathan K Sleeper</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o Clayton, Dubilier & Rice, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>375 Park Avenue, 18th Floor</u>	<input type="checkbox"/> Authorized	_____
Person	<u>New York, NY 10152</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 an authorized person

Theresa A. Gore

Typed or printed name of signer

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHITE CAP BUYER, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHITE CAP BUYER, LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2020.

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


Jeffrey W. Bullock, Secretary of State

3401734 8300

SR# 20207868874

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

Authentication: 203877320

Date: 10-16-20