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TO: Registration Section Division of Corporations			
SUBJECT: QUF COAST	Name of Limited Liability Comp	any	_
The enclosed "Application by Foreign Limited L Existence, and check are submitted to register the	iability Company for Authorization e above referenced foreign limited li	to Transact Business in Florida ability company to transact bus	a," Certificate of siness in Florida.
Please return all correspondence concerning this	matter to the following:		
Tru	idee Chapmi	an	_
Virgi	Name of Person Nia Lubl Firm/Company	Inc.	_
Po. B	10x6174		_
Charle	Hesville, Va	22906	2021
tchap	→ •	CoM	2821 HAY 18
For further information concerning this matter, p	ss: (to be used for future annual repo	rt normeation)	Ti de
Trudee Chapma Name of Contact Perso	on at (<u>H3H</u>)	774-7408 Daytime Telephone Number	2:10
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	rations Jahassee Street, Suite 810	
Enclosed is a check for the following at Please make check payable to: FLORII			

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee &

Certified Copy

Certificate of Status

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESTOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ELC.")	IGN LIMITED LIABILITY
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name must include "Limited Liability Companate Name and the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of transacting business in Florida. The alternate name in the purpose of the purpose of the purpose of transacting business in Florida. The alternate name in the purpose of the pu	ny," "L.L.C," or "LLC.")
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hisbility) 1838 Capital Civile NE 6. P.O.Box 681 (Stailing Address) Tallahassee, FL Charlottes ville, Va	18 22906-6818
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC	2021 HAY 18 M
Office Address: 190 4th St N Suite300 St. Petersburg . Florida 33702 (Cus) . Cus . Florida . Cup code! Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability co	
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent. All Medical Complete Medical Complete Medical Complete Medical Complete	I am familiar with

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and	d Address:	
⊉]Manager	Name: Hunter Craia	□Manager	Name:	·		
≨ Member	Address: 2065 Dogwood Tane	□Member	Address:			
Authorized	Charlottesville, Va 22901	□Authorized				
Person		Person				
Other	Other	□Other		□Other_	 	
□Manager	Name: Adam Tatum	□Manager	Name:			
% Member	Address: 1120 Clubridge Dr	□Member	Address:			_
Authorized	Lynchburg, Va 24503	□Authorized	<u></u>			_
Person		Person			782	-
□Other	Other	□Other		□Other_	` م≨ر	
□Manager	Name: Trudee Chapman	□Manager	Name:		KY BES	p-q_e
□Member	Address: 36 Ponderosa Lane	□Member	Address:		95 G 15 G 15 G 15 G 15 G 15 G 15 G 15 G 1	— () —
Authorized	Palmyra, Va 22963	□Authorized		· · · · · · · · · · · · · · · · · · ·		
Person		Person				
Other	Other	□Other	<u>-</u>	□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.

Trudee L. Chapman

Commondoralthor Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Gulf Coast Lubes LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on October 2, 2020; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 11, 2021

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2021051115859864