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MAY 20 2022  
K. Brumbley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 697364 8323218

AUTHORIZATION :



COST LIMIT : \$130.00

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ORDER DATE : May 20, 2022

ORDER TIME : 10:54 AM

ORDER NO. : 697364-005

CUSTOMER NO: 8323218  
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FOREIGN FILINGS

NAME: WHITE CAP SUPPLY HOLDINGS  
II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

**SUBJECT:** White Cap Supply Holdings II, LLC  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Heather White	Name of Person
White Cap	Firm/Company
6250 Brook Hollow Pkwy.	Address
Norcross, GA 30071	City/State and Zip Code
heather.white@whitecap.com	E-mail address: (to be used for future annual report notification)

Heather White at (470) 681-6261

Name of Contact Person      Area Code      Daytime Telephone Number

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

☐ \$135.00 PER C. ☒ \$130.00 PER C. ☐ \$155.00 PER C. ☐ \$160.00 PER C.

**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 Supply Holdings II, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 86-1217617  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/20/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6250 Brook Hollow Pkwy. 6. 6250 Brook Hollow Pkwy.  
(Street Address of Principal Office) (Mailing Address)  
Norcross, GA 30071 Norcross, GA 30071

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) (Zip code)  
Florida

APPROVED  
AND  
FILED  
2022 MAY 20 AM 10:01

**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.*

Corporation Service Company  
By: Alexis Wink assistant representative  
(Registered agent's signature)

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>John A. Stegeman</u>	<input type="checkbox"/> Manager	Name: <u>Alan W. Sollenberger</u>
<input type="checkbox"/> Member	Address: <u>6250 Brook Hollow Pkwy.</u>	<input type="checkbox"/> Member	Address: <u>6250 Brook Hollow Pkwy.</u>
<input checked="" type="checkbox"/> Authorized	<u>Norcross, GA 30071</u>	<input checked="" type="checkbox"/> Authorized	<u>Norcross, GA 30071</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Susan V. Stucker</u>	<input type="checkbox"/> Manager	Name: <u>Timothy W. Murphy, Jr.</u>
<input type="checkbox"/> Member	Address: <u>6250 Brook Hollow Pkwy.</u>	<input type="checkbox"/> Member	Address: <u>6250 Brook Hollow Pkwy.</u>
<input checked="" type="checkbox"/> Authorized	<u>Norcross, GA 30071</u>	<input checked="" type="checkbox"/> Authorized	<u>Norcross, GA 30071</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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

Susan V. Stucker

\_\_\_\_\_  
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 SUPPLY HOLDINGS II, 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 TWENTIETH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHITE CAP SUPPLY HOLDINGS II, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

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



  
Jeffrey W. Bullock, Secretary of State