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COVER LETTER

TO:

Registration Section

SJECT:	CST Fleet Services, LLC.				
Name of Limited Liability Company					
enclosed tence, a	d "Application by Foreign Limited Liability Cond check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor			
ise returi	all correspondence concerning this matter to	the following:			
	Ron Hall				
		Name of Person			
	CST Fleet Services, LL>				
		Firm/Company			
	1325 Central rd				
		Address			
	Clemmons/NC 27012				
	C	ity/State and Zip Code			
	rhall@carolinast.com				
	E-mail address: (to be	used for future annual report notification)			
further i	information concerning this matter, please cal	II:			
ron hall		336 2878348 at ()			
-	Name of Contact Person	Area Code Daytime Telephone Number			
Malling Address:		Street Address: Registration Section			
	egistration Section Existing of Corporations	Division of Corporations			
	O. Box 6327	The Centre of Tallahassee			
	allahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	·	Tallahassee, FL 32303			
Fn	closed is a check for the following amount:				
	ease make check payable to: FLORIDA DEF				

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:

CST Fleet Services, LL		. <u></u>	
(Name of Foreign	Cimited Liability Company; must include "Limited L	ability Company," "L.L.C.," or "LLC.	(")
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited	d Liability Company," "L.L.C," or "LLC.")
State of North Carolina		84-3086451	
(Jurisdiction under the law of which foreign limited liability company is organized		3(FEI number, if applicable)	
none			
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	stration.) ocnalty liability)	
1325 central rd		1325 central rd	
treet Address of Principal Office)		6. (Mailing Address)	
clemmons nc 27012		clemmons nc 27012	
			2022 SEI
. Name and street addres	s of Florida registered agent: (P.O. Box)	NOT acceptable)	DOZZ HAY SELAR FALL ARA
Name:	Sunshine Corporate Filings LLC		-5 AM
Office Address:	7901 4th St N STE 300		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	St. Petersburg.	33702 , Florida	05° 5
	(City)	(Zip cod	c)

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.

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: Name and Address: Title or Capacity: ron hall Name: ____ □Manager Name: _____ □ Manager 1325 central rd Address: _____ □Member □Member clemmons nc 27012 ☐ Authorized Authorized Person Person ☐Other_____ Other_____ □ Other _____ □Other _____ Name: ______ Name: _____ □Manager Manager Address: □Member Address: □Member □ Authorized ☐ Authorized Person Person Other _____ Other ___ Other____ □Other _____ Name: _____ □Manager □Manager Address: □Member □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Chen Halk

Signature of an authorized person



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CST FLEET SERVICES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 20th day of May, 2019

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Sean to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of April, 2022.

Elaine I Marshall

Secretary of State