# M2200015740

(Requestor's Name)  (Address)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filips Officers				
Special Instructions to Filing Officer:				

Office Use Only



000395267930

10/03/22--01026--016 \*\*155.00

FILED Oct 03, 2022 08:00 AM Secretary of State

#### COVER LETTER

TO: Registration Section Division of Corporations

# FILED Oct 03, 2022 08:00 AM Secretary of State

	Southern Fasteners & Supply, LLC
SUBJECT:	

	all correspondence concerning this matter to	o the following:				
	Cheri Costello					
	Name of Person					
	ParkOhio					
	Firm/Company					
	6065 Parkland Blvd.					
	Address					
	Cleveland, Ohio 44124					
	City/State and Zip Code					
	cheri.costello@pkoh.com					
	E-mail address: (to be	e used for future annual report notification)				
or further inf	formation concerning this matter, please cal	11:				
Cheri Costello		440 947-2000				
<del></del>	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
_	istration Section	Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## FILED Oct 03, 2022 08:00 AM Secretary of State

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Southern Fasteners & S	upply, LLC				
(Name of Foreign	Limited Liability Company: must include "Limite	d Liability C	ompany," "L.L.C.," or "LLC.")		
	name adopted for the purpose of transacting business in Fl				
If name unavailable, enter alternate r	iame adopted for the purpose of transacting business in Fl	orida, The alt	ernate name must include "Limited Liability Con	pany," "L.L.C," or "LLC."	
North Carolina  (Jurisdiction under the law of which foreign limited liability company is organized)			56-1343408		
		ے	(FEI number, (fapplicable)		
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty lia	bility)		
6065 Parkland Blvd.		6065 Parkland Blvd.			
5. Street Address of Principal Office)	.,	6. —	(Mailing Address)		
Cleveland, Ohio 44124		C	Cleveland, Ohio 44124		
<del></del>		_	,		
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	NOT_ac	ceptable)		
Name:	Corporation Service Company				
Office Address:	1201 Hays Street	<del></del>			
	Tallahassee		32301 , Florida(Zap code)		
	(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.

(Registered agent - gnature)

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 Address:
■Manager	Name: Matthew V. Crawford	■Manager	Name: Patrick W. Fogarty
□Membei	Address: 6065 Parkland Blvd.	□Member	Address: 6065 Parkland Blvd.
□Authorized	Cleveland, Ohio 44124	□Authorized	Cleveland, Ohio 44124
Person		Person	
□Other	□Other	□Other	Other
■Manager	Name: Robert D. Vilsack	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Cleveland, Ohio 44124	□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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

Robert D. Vilsack, Manager



# 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

### SOUTHERN FASTENERS & SUPPLY, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 28th day of July, 2022

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.





Scan to verify online

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of September, 2022.

Elaine I Marshall

Secretary of State

Certification# 114265104-1 Reference# 19026954- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification