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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 261070 48558A AUTHORIZATION COST LIMIT ORDER DATE: December 19, 2022 ORDER TIME : 2:54 PM ORDER NO. : 261070-005 CUSTOMER NO: 48558A FOREIGN FILINGS NAME: TA CONNECTIONS DE, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

TA Connections DE, LLC IECT:			
	ame of Limited Liability Company		
	ity Company for Authorization to Transact Business in Florida." Gove referenced foreign limited liability company to transact busine		
e return all correspondence concerning this matte	er to the following:		
Shelly Troy			
	Name of Person		
Fleetcor Technologies, Inc.			
	Firm/Company		
5301 Maryland Way			
	Address		
Brentwood, TN 37027			
	City/State and Zip Code		
stroy@comdata.com			
E-mail address: (to	be used for future annual report notification)		
rther information concerning this matter, please	call:		
Shelly Troy	615 370-7626		
Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$\Bigsquare{1}\$\$ \$125.00 Filing Fee \$\Bigsquare{1}\$\$ \$130.00 Filing	PEPARTMENT OF STATE		

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

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

1. TA Connections DE, L	LC					
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Compa	ny," "L.L.C.," or "L.L.C.")	-		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Fl	orida The alternate	name must include "Limited Li	iability Company," "L.L.C."	or "LLC.")	
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		3	(FÉI numb	(FEI number, if applicable)		
8/10/2020						
H	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)				
3280 Peachtree Road,	Suite 2400		orthpark Blvd., Suite			
(Street Address of Principal Office)		(5	Jailing Address)			
Atlanta, GA 30324		Covin	gton, LA 70433			
7 Name and street address		NOT auguste	N.	2022 DE		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	inte)) 1	
Name:	Corporation Service Company				in Eig	
Office Address:	1201 Hays Street			PH 2:	, t	
	Tallahassee		32301 . Florida			
	(Cuy)		(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.

Stephanie Milnes, Assistant Vice President
(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]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Ronald Rogers Ty Miller Name: **≅**Manager Manager Address: ____ 809 Northpark Blvd., Suite 500 Address: ____ 8111 E. 32nd St N #300 ☐ Member □Member Wichita, KS 67226 Covington, LA 70433 □ Authorized □ Authorized Person Person President Treasurer __ □Other Other Thomas Widmyer Name: Name: _____ □Manager □Manager Address: 5301 Maryland Way ☐ Member □Member Address: Brentwood, TN 37027 □ Authorized □ Authorized Person Person Asst. Secretary Other____ Other Other_____ □Manager Name: □Manager Name: ______ Address: Address: □Member ☐ Member □ 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. Signature of an authorized person Ty Miller

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TA CONNECTIONS DE, 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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TA CONNECTIONS DE, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2020.

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

Authentication: 204926580

Date: 11-23-22

3220460 8300 SR# 20224091590