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SECRETARY OF STATE
TALLAHASSEE FL

US
11/1/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BB INDUSTRIES SUPPLY LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PATRIK KNUDSEN

Name of Person

BB INDUSTRIES SUPPLY LLC

Firm/Company

4100 APPALACHIAN WAY

Address

KNOXVILLE, TN 37918

City/State and Zip Code

P.KNUDSEN@BBINDUSTRIESLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRIK KNUDSEN

865

293-0223

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

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REGISTRATION SECTION
FLORIDA DEPARTMENT OF STATE

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. BB INDUSTRIES SUPPLY 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 26-1642845
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/14/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 4100 APPALACHIAN WAY 4100 APPALACHIAN WAY
(Street Address of Principal Office) (Mailing Address)
KNOXVILLE, TN 37918 KNOXVILLE, TN 37918

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

Name: TIM OLSON
Office Address: 8215 BLAIKIE COURT
SARASOTA, Florida 34240
(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'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: **Name and Address:**

☒ Manager Name: RICHARD STIMAC

☐ Member Address: 4100 APPALACHIAN WAY

☐ Authorized KNOXVILLE, TN 37918

Person

☐ Other ☐ Other

☐ Manager Name: FREDERICK ECK

☒ Member Address: 901 W. JACKSON BLVD

☐ Authorized SUITE 306

Person CHICAGO, IL 60607

☐ Other ☐ Other

☐ Manager Name: ROCKY LOPEZ

☒ Member Address: 901 W. JACKSON BLVD

☐ Authorized SUITE 306

Person CHICAGO, IL 60607

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: PATRIK KNUDSEN

☐ Member Address: 4100 APPALACHIAN WAY

☐ Authorized KNOXVILLE, TN 37918

Person

☐ Other ☐ Other

☐ Manager Name: KEN KUNIN

☒ Member Address: 901 W. JACKSON BLVD

☐ Authorized SUITE 306

Person CHICAGO, IL 60607

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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

Patrik Knudsen

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BB INDUSTRIES SUPPLY 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 MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BB INDUSTRIES SUPPLY LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2007.

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

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2023 MAR 29 PM 2:02
JEFFREY W. BULLOCK, SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

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SR# 20231124323

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Date: 03-23-23