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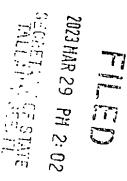
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COVER LETTER

TO:

Registration Section

Divis	sion of Corporations									
SUBJECT:	BB INDUSTRIES SUPPLY ELC									
	Name of Limited Liability Company									
		ty Company for Authorization to Transact Business in Flower referenced foreign limited liability company to transac								
Please return :	all correspondence concerning this matte	er to the following:								
	PATRIK KNUDSEN									
	Name of Person									
	BB INDUSTRIES SUPPLY LLC									
	4100 APPALACHIAN WAY	Firm/Company 1	2023 MAR 2							
		Address	9	3						
	KNOXVILLE, TN 37918	—————————————————————————————————————	PH 2: 0							
	100 7	City/State and Zip Code	02							
	P.KNUDSEN@BBINDUSTRIESLLC	C.COM								
	E-mail address: (to	be used for future annual report notification)								
For further int	formation concerning this matter, please	call:								
PAT	RIK KNUDSEN	865 293-0223 at ()								
	Name of Contact Person	at ()	ber							
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								
Enclo Pleas	osed is a check for the following amounts se make check payable to: FLORIDA DI 125.00 Filing Fee \$130.00 Filing	Tallahassee, FL 32303 : EPARTMENT 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:

	ame adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limited Liabil	ity Company	/," "LLC	," or "L	
DELAWARE			26-1642845				
2. (Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)				
03/14/2023				PM 1973	2023		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio	n.) · liability)		ĦAR	i	
4100 APPALACHIAN WAY			4100 APPALACHIAN WAY (Mailing Address)	7 7 <u>-</u> ,	29		
street Address of Principal Office)			(Mailing Address)			1 :	
KNOXVILLE, TN 37918			KNOXVILLE, TN 37918		5		
				m)2		
	TIM OLSON	x <u>NOT</u>	acceptable)				
· Name:							
Office Address:	8215 BLAIKIE COURT						

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.

They Of Son (Registered agent's structure)

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:				
■Manager	Name: RICHARD STIMAC	■Manager	Name: PATRIK KNUDSEN			
□Member	Address: 4100 APPALACHIAN WAY	□Member	Address: 4100 APPALACHIAN WAY			
□Authorized	KNOXVILLE. TN 37918	□Authorized	KNOXVILLE, TN 37918			
Person		Person				
□Other	Other	□Other	Other			
□Manager	Name: FREDERICK ECK	□Manager	Name: KEN KUNIN			
■Member	Address: 901 W. JACKSON BLVD	■Member	Address: 901 W. JACKSON BLVD			
□Authorized	SUITE 306	□Authorized	SUITE 306 70 20 7			
Person	CHICAGO, IL 60607	Person	CHICAGO, IL 60607			
Other		□Other				
□Manager	Name: ROCKY LOPEZ	□Manager	Name: PH 2: 0			
■Member	Address: 901 W. JACKSON BEVD	□Member	Address:			
□Authorized	SUITE 306	□Authorized				
Person	CHICAGO, IL 60607	Person				
□Other	Other	□Other	Other			

<u>Important Notice:</u> 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

Delaware The First State

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.

Authentication: 202993187

Date: 03-23-23