

M24000000519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

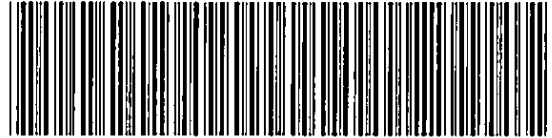
(Business Entity Name)

(Document Number)

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SECRETARY OF THE
TREASURY

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/17/2024

Acc#I20160000072

en: c DW

Name:	WEBB SUPPLY LLC
Document #:	
Order #:	15322421

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:
gabriela.martinez@hoganlovells.com

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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

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. WEBB SUPPLY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a

(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 93-4771580
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (TAX number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0902, F.S. to determine penalty liability)

5. 10 Glenlake Parkway
(Street Address of Principal Office)
South Tower, Suite 445
Atlanta, GA 30328
6. 10 Glenlake Parkway
(Mailing Address)
South Tower, Suite 445
Atlanta, GA 30328

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System
By: Devin Randolph, Assistant Secretary
(Registered agent's signature)

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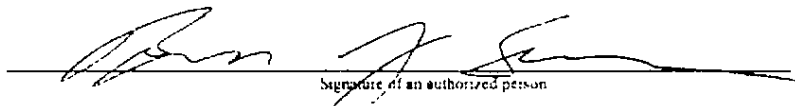
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Heritage Distribution Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>Alex Averitt</u>
<input checked="" type="checkbox"/> Member	Address: <u>10 Glenlake Parkway</u>	<input type="checkbox"/> Member	Address: <u>10 Glenlake Parkway</u>
<input type="checkbox"/> Authorized	<u>South Tower, Suite 445</u>	<input checked="" type="checkbox"/> Authorized	<u>South Tower, Suite 445</u>
Person	<u>Atlanta, GA 30328</u>	Person	<u>Atlanta, GA 30328</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Scott Page</u>	 <input type="checkbox"/> Manager	Name: <u>Brian Sasadu</u>
<input type="checkbox"/> Member	Address: <u>10 Glenlake Parkway</u>	<input type="checkbox"/> Member	Address: <u>10 Glenlake Parkway</u>
<input checked="" type="checkbox"/> Authorized	<u>South Tower, Suite 445</u>	<input checked="" type="checkbox"/> Authorized	<u>South Tower, Suite 445</u>
Person	<u>Atlanta, GA 30328</u>	Person	<u>Atlanta, GA 30328</u>
Other _____	<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 (i) (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
 Brian Sasadu
 Printed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WEBB 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 SIXTEENTH DAY OF JANUARY, A.D. 2024.

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



2593003 8300

SR# 20240134188

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202598652

Date: 01-16-24