

M24000009455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

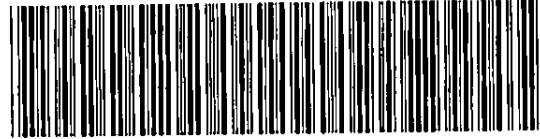
(Business Entity Name)

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SECRETARY OF STATE  
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2024 JUL 23 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 2024

K. Brumbley

MS

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

**Date:** 07/23/2024  
Acc#120160000072

*en: c DW*

Name:	World Electric Supply, LLC
Document #:	
Order #:	15777429

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<b>1-2 FILING</b>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	withdrawal 1st - registration 2nd	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** World Electric 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:

Demetra Nicozisin

Name of Person

Bryan Cave Leighton Paisner

Firm/Company

211 N. Broadway, Ste 3600

Address

St. Louis, MO 63102

City/State and Zip Code

askcompliance@sonepar-us.com

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

For further information concerning this matter, please call:

Demetra Nicozisin

314

259-2890

Name of Contact Person

at ( )

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

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. World Electric 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 3. 51-0389582  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 569 Stuart Lane 6. c/o Sonepar, Attn: Legal  
(Street Address of Principal Office) (Mailing Address)

Jacksonville, FL 32254 4400 Leeds Avenue, Suite 500  
Charleston, SC 29405

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)

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AND  
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2024 JUL 23 AM 9:31  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: Laura R Broderick Laura R Broderick, Asst. Secretary  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Taylor</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jérôme Baniol</u>
<input type="checkbox"/> Member	Address: <u>4400 Leeds Ave., Ste. 500</u>	<input type="checkbox"/> Member	Address: <u>4400 Leeds Ave., Ste. 500</u>
<input type="checkbox"/> Authorized	<u>Charleston, SC 29405</u>	<input type="checkbox"/> Authorized	<u>Charleston, SC 29405</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Peter Bruhn</u>	<input type="checkbox"/> Manager	Name: <u>Tammy Livers</u>
<input type="checkbox"/> Member	Address: <u>4400 Leeds Ave., Ste. 500</u>	<input type="checkbox"/> Member	Address: <u>569 Stuart Lane</u>
<input type="checkbox"/> Authorized	<u>Charleston, SC 29405</u>	<input type="checkbox"/> Authorized	<u>Jacksonville, FL 32254</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<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 (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.

  
Tammy Livers (Jul 17, 2024 14:18 EDT)

Signature of an authorized person

Tammy Livers

Typed 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 "WORLD ELECTRIC 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 NINETEENTH DAY OF JULY, A.D. 2024.

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



3034955 8300

SR# 20243186159

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203967256

Date: 07-19-24