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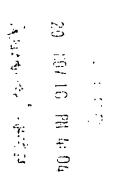
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₩ ‰ COVER LETTER

TO:	Æ ^{Reg} Div	sistration Section ision of Corporations	
	ECT:	Oak Hill Sourcing, LLC	
3000	ibe i .	Name	e of Limited Liability Company
			Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please	e return	all correspondence concerning this matter to	o the following:
•		Kathy Falco	
			Name of Person
		Napleton Automotive Group	
	Firm/Company		
		1 Oakbrook Terrace, Suite 600	
Address			
		Oakbrook Terrace, IL 60181	
		C	ity/State and Zip Code
		kathy.falco@napleton.com	
		E-mail address: (to be	used for future annual report notification)
For tu	rther ir	nformation concerning this matter, please cal	II:
Kathy Falco		hy Falco	630 455-2907 at ()
		Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section			Street Address: Registration Section
Division of Corporations		=""	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee
		lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Plet	losed is a check for the following amount: use make check payable to: FLORIDA DEP 0125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Oak Hill Sourcing, LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability Compar	ny," "L.L.C.," or "LLC.")			
	, , ,	, ,	•			
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate n	ame must include "Limited Lia	ibility Comp	any," "L. L. C	:." or "I.i.C.
Illinois		83-33				
2. (Jurisdiction under the law of which foreign limited liability company is organized		3	(FEI mumbe	(FEI number, if applicable)		
l	(Date first transacted business in Florida, if prior to i (See sections 605 0904 & 605 0905, F.S. to determine	egistration) se penalty liability)				
1 Oakbrook Terrace, Suite 600		1 Oakt	prook Terrace, Suite 6			
			•			
Oakbrook Terrace, IL 60181		Oakbro ———	ook Terrace, IL 608			
					.>>	
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptal	ble)		<u></u>	,
Name:	Corporation Services Company					
Office Address:	1201 Hays St.			•	10 14 1	
	Tallahassee	• • · · · · · · · · · · · · · · · · · ·	32301 , Florida			
	(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.

Susan Christel, Assistant 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Edward F. Napleton Name: Bruce Etheridge ■ Manager □Manager 1 Oakbrook Terrace, Suite 600 1 Oakbrook Terrace, Suite 600 ■Member **■**Member Oakbrook Terrace, IL 60181 Oakbrook Terrace, IL 60181 □ Authorized □ Authorized Person Person Other____ \square Other Other_ □Other__ □Manager □Manager Name: Name: □Member Address: _____ □Member Address: _____ ☐ Authorized □ Authorized Person Person □Other Other____ □Other___ □Other □Manager Name: ____ □Manager Address: □ Member □Member Address: □ 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.

Signatur (o) an authorized person

Edward F. Napleton

File Number

0750669-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OAK HILL SOURCING, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 25, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of NOVEMBER A.D. 2020 .

Authentication #: 2031802210 verifiable until 11/13/2021

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE