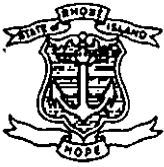


Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 JUL 16 PM 1:14
RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 JUL 26 AM 11:16

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Fleet Services, Inc.
2. It is incorporated under the laws of Wisconsin
3. The name, if different, which it elects to use in Rhode Island is:
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:
4. The date of its incorporation is 07/08/1966 and the period of its duration is Perpetual
5. The address of its principal office is 7400 W. National Ave. Milwaukee, WI 53214
6. The address of its proposed registered office in Rhode Island is 450 Veterans Memorial Pkwy, Suite 7A
Fast Providence, RI 02914 and the name of its proposed registered agent in Rhode Island at that address is CT Corporation System
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Creating or acquiring indebtedness or security interest in Personal Property
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Name Address

Table with 2 columns: Name, Address. Rows for Director.

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BY CU 335672

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	Christopher T. Hoar	7400 W. National Avenue <i>Melroseville WI 53214</i>
Vice President	Barbara J. Hoar	7400 W. National Ave. <i>Melroseville WI 53214</i>
Treasurer		
Secretary		

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>1,250</u>	<u>Common</u>	<u>- 0 -</u>	<u>None</u>

10. (a) \$ 3,358,000 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

(b) \$ 13,932 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

(c) 1 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}

11. (a) \$ 1,600,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(b) \$ 30,000 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.

(c) 2 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 7-5-78

Barbara J. Hoar VP
Signature of Authorized Officer of the Corporation

Barbara J. Hoar
Type or Print Name of Authorized Officer

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

FLEET SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 08, 1966.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 26 AM 11:06



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 24, 2018.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 225357-362B53DC



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 26, 2018 01:14 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

