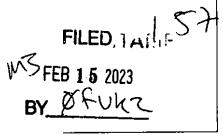
State of Rhode Island Department of State - Business Services	Division				
Application for Registration FOREIGN Limited Liability Company → Filing Fee: \$150.00		RECEIVED I B.I. DEPT. OF STATE BUS SVOS DIV			
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned fo applies for a Certificate of Registration to transact business in t purpose submits the following statement:					
1. The name of the limited liability company is:					
Wheels, LLC					
Is this company organized in its state or country of formation a	as a low-profit limited liability cc	ompany? Yes No X			
The name, if different, under which it proposes to register and transact business in Rhode Island is:					
2. The LLC is organized under the laws of: Illinois					
3. The date of its organization is: 10/27/2021					
And the period of its duration is: CHECK ONE BOX ONLY					
× Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the resident agent/office in Rhod	e Island is:				
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rh	ode Island are:			
Commercial auto fleet leasing and fleet management services and telematics services.					
Check the box to indicate an attachment					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.						
7. The address of the office required if not so required, of the principal offi				on by the laws of that state or,		
666 Garland PL, Des Plaines, IL 60016						
8. The mailing address for the limited	l liability company is:					
666 Garland PL, Des Plaines, IL 60016						
9. Management of the Limited Liability Company:						
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX						
By its members (If you have checked this box, DO NOT fill out the chart below)						
imes By one (1) or more managers (L	ist managers below)					
MANAGER	ADDRESS		· · · · · · · · · · · · · · · · ·			
Shlomo Y. Crandus	666 Garland PL, De	666 Garland PL, Des Plaines, II. 60016				
			<u> </u>			
10. This application must be accomp formation dated within 60 days of the		Good S	tanding/Letter of Status	from the state or country of		
11. Date when this application for Ce	ertificate of Registration v	vill be ef	ffective: CHECK ONE B	OX ONLY		
X Date received (Upon filing)						
Later effective date (Date must	be no more than 90 days	s from th	ne date of filing)			
Under penalty of perjury, I declare as accompanying attachments, and that	nd affirm that I have exar t all statements containe	nined th d hereir	is Application for Regist	ration, including any		
Type or Print Name of LLC			· ·	Date		
Wheels, LLC				1/13/2023		
Signature of Authorized Person			DocuSigned by:			
Joe Hanlon, AUTHORIZED PERSO	N		Joe Hanlon			

• •



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

WHEELS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 27, 2021, 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 25TH

day of JANUARY A.D. 2023 .

Authentication #. 2302500236 verifiable until 01/25/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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:

February 15, 2023 01:57 PM

Treng M. Course

Gregg M. Amore Secretary of State

