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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

2019 OCT 31 PM 4:49

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Siemens Capital Company LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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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. Siemens Capital Company 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0594416
(FEI number, if applicable)

4. n/a
(If the first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0915, F.S. to determine penalty liability)

5. 170 Wood Avenue South, Iselin, NJ 08830
(Street Address of Principal Office)

6. c/o Ms. Debbie Pyle, Siemens Corporation,
(Mailing Address)

GBS R2R US&CR TX 2, 3850 Quadrangle Blvd

Orlando, FL 32817

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.

By: C T Corporation System
(Registered agent's signature)

Judith B. Argao

Judith B. Argao, Asst. Secy.

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:

Manager Name: Lonnie J. Ellis

Member Address: 170 Wood Avenue South

Authorized Iselin, NJ 08830

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Peter Rathgeb

Member Address: Otto-Hahn-King 6

Authorized Muenchen, Germany 81739

Person _____

Other _____ Other _____

Manager Name: Roland Chalons-Browne

Member Address: Otto-Hahn-Ring 6

Authorized Muenchen, Germany 81739

Person _____

Other _____ Other _____

Manager Name: Heribert Stumpf

Member Address: 800 North Point Parkway

Authorized Alpharetta, GA 30005

Person _____

Other _____ Other _____

Manager Name: Robert Mignella

Member Address: 170 Wood Avenue South

Authorized Iselin, NJ 08830

Person _____

Other _____ Other _____

Manager Name: Jonathan Falk

Member Address: 170 Wood Avenue South

Authorized Iselin, NJ 08830

Person _____

Other _____ 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.



Signature of an authorized person

Lonnie J. Ellis, Authorized Person

Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIEMENS CAPITAL COMPANY 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 THIRTIETH DAY OF OCTOBER, A.D. 2019.

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

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DELAWARE SECRETARY OF STATE



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20197823090

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

Authentication: 203901985

Date: 10-30-19