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(((H10000116061 3)))



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To:

The control of the following state of the control o

From:

Email Address:

Division of Corporation

Fax Number : (850) 617-6383

Account Name : C T CORPORATION

Account Number : FCA000000023
: (850) 222-1092
Care of submission 5/13

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

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Foreign Limited Liability Company Atlas Copco Customer Fiance USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

C. LEWIS

MAY 1 9 2010

EXAMINER

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5/13/2010



May 14, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ATLAS COPCO CUSTOMER FINANCE USA LLC

REF: W10000023546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II

FAX Aud. #: H10000116061 Letter Number: 410A00012186

Registration/Qualification Section

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	cr:	tlus Copco Customer Finance USA LLC				
		Name of Limited Liability Company				
Existen	ce, and check are submitted to reg	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida, which was a basic limited liability company to transact business in Florida.	ť 1.			
I TOUSE	return all correspondence concerni	g this maint to the rottowing:				
		Jennifer Reilly				
		Name of Person				
		Atlas Copco North America LLC				
		Firm/Company				
		PO Box 2028, 34 Maple Avenue				
		Address				
		Pine Brook, NJ 0705B				
	City/State and Zip Code					
		jennifer.rej(ly@us.atlascopco.com				
	E-mail a	dress: (to be used for future annual report notification)				
For funt	er information concerning this ma	er, please call:				
	Jos Akin	er (973) 439-3400				
	Name of Person	at (973) 439-3400 Area Code & Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose	ed is a check for the followin	amount:				
		6 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fæ, Certificate ficate of Status & Certified Copy				

FLOSY - 00-06/2009 C T Symma Online

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

IN COMPILANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Atlas Copco Customer Finance USA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C." "LLC.")
2.	Delaware 3 20-0462866
•	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	12/05/2003 5 Perpetual
٠.	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	March 1, 2010
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	34 Maple Avenue, PO Box 2028
•	7. 2
	Pine Brook, NJ 07058
	(Street Address of Principal Office)
8.	Pine Brook, NI 07058 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Atlas Copco North America LLC - PO Box 2028, 34 Mapte Avenue, Pine Brook, NJ 07058
	5m
	7
he.	Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under cath of the translator must be submitted.)
	·
1.	Nature of business or purposes to be conducted or promoted in Florida: Provides customers of
	affiliates with commercial financing for purchase or lease of Atlas Copeo branded or related equipment.
	adle
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Joe Akin - Member of Atlas Copco North America LLC
	Typed or printed name of signee

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2010 MAY 13 AM 8 17

SECRETARY OF STATE PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUMES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	Limited Liability Con	npany is:
······································	Atlas Copeo	Customer Finance USA LLC
If unavailable, the a	lternate to be used in t	he state of Floride is:
2. The name and th	e Florida street addres	s of the registered agent and office are:
	С	T Corporation System
		(Name)
	1200	0 South Pine Island Road
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
~		City/State/Zip
liability company at t agent and agree to a relating to the proper obligations of my pos	the place designated in ct in this capacity. I fur and complete perform ition as registered agen et in System	to accept service of process for the above stated limited this certificate, I hereby accept the appointment us registered there agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the sprovided for in Chapter 608, Florida Statutes. Chris McNeoil
By:	(Signature) AS	sistant Secretary
	\$ 100,00	· · · · · · · · · · · · · · · · · · ·
	\$ 25,00	
	\$ 30.00 \$ 5.00	

Delaware

PAGE 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLAS COPCO CUSTOMER FINANCE USA 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 THIRTEENTH DAY OF MAY, A.D. 2010.

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

3735885 8300

100503900

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

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7991167

DATE: 05-13-10