Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company **GGB LLC**

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Electronic Filing Menu

Corporate Filing Menu () Help 115001 1/13

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

GGB LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	or "LLC.")	
GGB Bearing Technology LLC		
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and at consent of the managers or managing members adopting the alternate name. The alternate name must included Company," "L.L.C," "LLC.")		
2 Delaware 3, 22-3661977		_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	le)	201
4		
(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	4 f	2014 484 1.3
5. S605 Carnegie Blvd. Ste. 500, Charlotte, NC 28209		_3
	114.	
(Street Address of Principal Office)	45.5 /	
6. 5505 Carnegle Blvd. Str. 500, Charlotte, NC 28209 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m	anage is/are:	<u>ယ</u> ——
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m Susan B. Sweeney, Manager and President, 700 Mid Atlantic Parkway, Thorofare, NJ 08086		<u>~</u>
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m		<u> </u>
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m Susan B. Sweeney, Manager and President, 700 Mid Atlantic Parkway, Thorofare, NJ 08086		
7. The name, title or capacity and address of the person(s) who has/have authority to me Susan B. Sweeney, Manager and President, 700 Mid Atlantic Parkway. Thorofare, NJ 08086 Robert S. McLean, Manager, Vice President and Secretary, 5605 Carnegie Blvd, Suite 500, Charlotte, N Thomas Price, Manager and Vice President, 5605 Carnegie Blvd, Suite 500, Charlotte, NC 28209 8. Attached is an original certificate of existence, no more than 90 days old, doly authenticated by the official in the jurisdiction, under the law of which it is organized. (A photocopy is not acceptable. If the certificate is it translation of the certificate under oath of the translation must be submitted.)	C 28209	of records
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m Susan B. Sweeney, Manager and President, 700 Mid Atlantic Parkway. Thorofare, NJ 08086 Robert S. McLean, Manager, Vice President and Secretary, 5605 Carnegie Blvd, Suite 500, Charlotte, N Thomas Price, Manager and Vice President, 5605 Carnegie Blvd, Suite 500, Charlotte, NC 28209 8. Attached is an original certificate of existence, no more than 90 days old, daily authenticated by the official in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is it manslation of the certificate under oath of the translatur must be submitted.)	C 28209	of records
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m Susan B. Sweeney, Manager and President, 700 Mid Atlantic Parkway, Thorofare, NJ 08086 Robert S. McLean, Manager, Vice President and Secretary, 5605 Carnegie Blvd, Suite 500, Charlotte, N Thomas Price, Manager and Vice President, 5605 Carnegie Blvd, Suite 500, Charlotte, NC 28209 8. Attached is an original certificate of existence, no more than 90 days old, this authenticated by the official in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is it translation of the certificate under oath of the translatur must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmat penaltics of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for in	having custody n a foreign language ion under the submitted in a	of records
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to m Susan B. Sweeney, Manager and President, 700 Mid Atlantic Parkway. Thorofare, NJ 08086 Robert S. McLean, Manager, Vice President and Secretary, 5605 Carnegie Blvd, Suite 500, Charlotte, N Thomas Price, Manager and Vice President, 5605 Carnegie Blvd, Suite 500, Charlotte, NC 28209 8. Attached is an original certificate of existence, no more than 90 days old, they authenticated by the official in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is it manslation of the certificate under each of the translatur must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes on affirmat penalties of perjury that the facts stated herein are true. I am aware that any false information	having custody n a foreign language ion under the submitted in a	of records

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	BALL OF COLUMN 1983 1 STALL OF	
. Inc name o	f the Limited Liability Company is:	
3GB LLC		
f unavailable,	the alternate to be used in the state of Florida is:	7
. The name a	and the Florida street address of the registered agent and office are:	177 (m) 178 127 127
	C T Corporation System	, , , , ,
	(Name)	**1
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	***
		•
	Plantation FL 33324	
	Plantation FL 33324 City/State/Zip	
liability comp registered age statutes relati accept the obi		nent as ovisions of ali r with and
liability comp registered ago statutes relati	City/State/Zip named as registered agent and to accept service of process for the above st any at the place designated in this certificate, I hereby accept the appointm ent and agree to act in this capacity. I further agree to comply with the pro- ing to the proper and complete performance of my duties, and I am familian ligations of my position as registered agent as provided for in Chapter 605 C T Corporation System	nent as ovisions of ali r with and i, Florida
liability comp registered age statutes relati accept the ob	City/State/Zip named as registered agent and to accept service of process for the above st any at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familial ligations of my position as registered agent as provided for in Chapter 603 C T Corporation System By:	nent as ovisions of ali r with and
liability comp registered age statutes relati accept the ob	City/State/Zip named as registered agent and to accept service of process for the above st any at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duttes, and I am familial ligations of my position as registered agent as provided for in Chapter 603 CT Corporation System	nent as ovisions of ali r with and i, Florida

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "GGB 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 NINTH DAY OF JANUARY, A.D. 2014.

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

3061016 8300

140027182

et corp. delevare.cov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1045195

DATE: 01-09-14