Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Foreign Limited Liability Company IFCO Systems North America, LLC

Certificate of Status	0
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7/2/2014

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COVER LETTER

TO: Registration Section Division of Corporations

STIPLES. IFCO Systems North America, LLC

The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Kerrie K. Hanley

Name of Person

Kilpatrick Townsend & Stockton LLP

Firm/Company

4208 Six Forks Road, Suite 1400

Address

Raleigh, North Carolina 27609

City/State and Zip Code

khanley@kilpatricktownsend.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerrie K. Hanley

, 919

420-1761

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ea Code Daytime Telephone Numbe

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Talinhassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

口 \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fcc, Certificate of Status & Certified Copy

F/25)
1750/ 20
PALLAHASSEE STATE

APPLICATION BY PORPICE I IMPTED LIABILITY COMPANY POR AUTOROPIZATION TO
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. IFCO Systems North America, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, onter alternate name adopted for the purpose of transpoling business in Florida. The alternate name must include "Limited Linbility Company," "LLC," or "LLC,")
, Delaware
2. Delaware (furisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
_{4.} July 1, 2014
(Date first transacted business in Ploride, If prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty Hability)
5. 8517 South Park Circle
Orlando, Florida 32819 (Street Address of Principal Office)
,
same
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are;
Melissa L. Schmidt, Manager, 1111 Hammond Drive, Suite 200, Atlanta, Georgia 30346
. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ecceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator
nust be submitted)
md
Signature of an authorized nerson
n accordence with section 605,0203, P.S., the execution of fills document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. In aware that any false information submitted in a document to the Department of Suto constitutes a third degree falony as provided for in s.817.155, F.S.)

Melissa L. Schmidt, Manager

Typed or printed name of signee



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.

The name of the Limited Liability Company is: IFCO Systems North America, LLC			
If unavailable,	the alternate to be use	ed in the state of Florida is:	
2. The name a	nd the Florida street a	ddress of the registered agent and office are:	
	CT Corporation Syste	em	
		(Name)	
	1200 S. Pine Island R	Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	8L. 33324	
		City/Smle/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By: (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IFCO SYSTEMS NORTH AMERICA, 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 SECOND DAY OF JULY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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You may vorify this certificate colinate corp. delaware.gov/authvor.shtml

Jeffroy W. Bullock, Secretary of State

DATE: 07-02-14