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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FL

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**Foreign Limited Liability Company
Italparts USA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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Corporate Filing Menu

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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. Italparts USA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Italparts USA-Florida 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.")

Delaware

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

815 Enterprise Blvd.

5. _____
(Street Address of Principal Office)

Suite 100

Allen, TX 75013

815 Enterprise Blvd.

6. _____
(Mailing Address)

Suite 100

Allen, TX 75013

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: Michael Scraphin Michael Scraphin, Asst. Secretary
(Registered agent's signature)

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2021 MAY 11 PM 2:50
TALLAHASSEE, FL
SECRETARY OF STATE

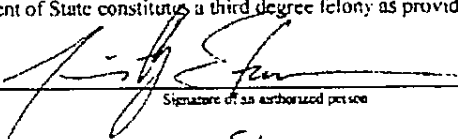
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: **SEE ATTACHMENT**

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Epiroc North America Corp.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jodie Velasquez</u>
<input checked="" type="checkbox"/> Member	Address: <u>2100 N. 1st Street</u>	<input type="checkbox"/> Member	Address: <u>2100 N. 1st Street</u>
<input type="checkbox"/> Authorized	<u>Garland, TX 75040</u>	<input type="checkbox"/> Authorized	<u>Garland, TX 75040</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jodie Velasquez</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Claudio Beghetto</u>
<input type="checkbox"/> Member	Address: <u>2100 N. 1st Street</u>	<input type="checkbox"/> Member	Address: <u>2100 N. 1st Street</u>
<input type="checkbox"/> Authorized	<u>Garland, TX 75040</u>	<input type="checkbox"/> Authorized	<u>Garland, TX 75040</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Chris Schlicht</u>	<input type="checkbox"/> Manager	Name: <u>Liz Johnson</u>
<input type="checkbox"/> Member	Address: <u>2100 N. 1st Street</u>	<input type="checkbox"/> Member	Address: <u>2100 N. 1st Street</u>
<input type="checkbox"/> Authorized	<u>Garland, TX 75040</u>	<input type="checkbox"/> Authorized	<u>Garland, TX 75040</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> 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
 Timothy Sturm

 Typed or printed name of signer

Attachment to Section 8

First Name: Timothy
Middle Name:
Last Name: Sturm
Title: Vice President, General Counsel & Secretary
Address: 2100 N. 1st Street
City: Garland
State: TX
Zip Code: 75040
Country: USA

First Name: Christopher
Middle Name:
Last Name: Bass
Title: Vice President, Tax
Address: 2100 N. 1st Street
City: Garland
State: TX
Zip Code: 75040
Country: USA

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

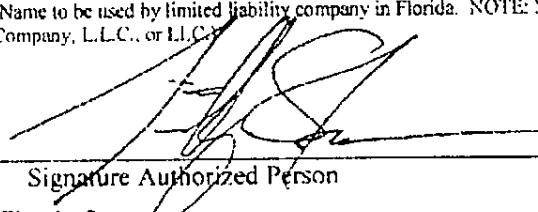
of Italparts USA LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Delaware
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Italparts USA-Florida LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)


Signature Authorized Person
Timothy Sturm

05/11/2021

Date

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITALPARTS 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2021.

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



5703356 8300

SR# 20211470068

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203067368

Date: 04-27-21