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COVER LETTER

TO: Registration Section

	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busing the following:	
·	the following:	
Diane Carr		
	Name of Person	-
White Drive Motors and Steering, LLC		
	Firm/Company -m	2021
110 Bill Bryan Blvd		AUG
	Address	12
Hopkinsville, KY 42240	SOF S	2021 AUG 12 PM 4: 25
Ci	ity/State and Zip Code	. با د
carr@whitedriveproducts.com	, <u>u</u>	ഗ
E-mail address: (to be	used for future annual report notification)	-
nation concerning this matter, please cal	1:	
агт	270 987-3572	
Name of Contact Person	Area Code Daytime Telephone Number	-
Address:	Street Address:	
SSCC, FL 32314	Tallahassee, FL 32303	
	Hopkinsville, KY 42240 Cicarr@whitedriveproducts.com E-mail address: (to be nation concerning this matter, please cal arr Name of Contact Person	Firm/Company Address Hopkinsville, KY 42240 City/State and Zip Code E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: arr Address Name of Contact Person Address: ation Section n of Corporations ox 6327 Street Address: The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

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:

	same anopied for the purpose of transacting outliness in ri	OTALIS. TOC MA	ternate name must include "Limited Liab	buity Company," "L.L.C, " or "LLC.
Delaware			86-2586587	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number	r, if applicable)
07/01/2021				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty li	ability)	20 2
110 Bill Bryan Blvd		1	110 Bill Bryan Blvd	TO BE TO
et Address of Principal Office)		6	(Mailing Address)	
Hopkinsville, KY 4224	10	ł	Hopkinsville, KY 42240	HASS
		_		-
				Lis 2 STAI E. FI
	 	_		
				FH 0.
Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)	F11 O.
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)	H1 0.
	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT ac	cceptable)	M. O.
Name and <u>street addres</u> Name:		NOT ac	eceptable)	til O
Name:		NOT ac	cceptable)	M. O.
	C T Corporation System 1200 South Pine Island Road	NOT ac		tul O
Name:	C T Corporation System	NOT ac		F11 O

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: Title or Capacity: Name and Address: Name: Torben Christensen Name: _ Anders Stahlschmidt ■ Manager **■**Manager Address: ____ Address: Nordborgvej 81 □Member □Member Nordborg DK-6430 Denmark Nordborg DK-6430 Denmark ☐ Authorized □ Authorized Person Person □Other_ □Other Other__ Other____ Erik Paulhardt □Manager □Manager Address: 110 Bill Bryan Blvd □Member □Member Hopkinsville, K-Y-4224Q Hopkinsville, KY 42240 Authorized Authorized Person Person Secretary President Other □Other____ Name: □Manager Name: □Manager Address: ____ □Member □Member Address: ☐ Authorized ☐ Authorized Person Person □Other □Other____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Tik Paulhardt Signature of an authorized person Erik Paulhardt Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WHITE DRIVE MOTORS AND STEERING, 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 JUNE, A.D. 2021.

2021 AUG 12 PH 4: 25
SECRETARY OF STATE

Authenticati

5340497 8300

SR# 20212584968

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

Authentication: 203570035

Date: 06-30-21