# M21000013457

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| ( iddioss)                              |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Consideration to Cities Officer         |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



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2021 OCT 12 PH 3: 47



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 100273 4330432

AUTHORIZATION

COST LIMIT : (\$\125.00

\_\_\_\_\_\_

ORDER DATE : October 12, 2021

ORDER TIME : 1:54 PM

ORDER NO. : 100273-025

CUSTOMER NO: 4330432

#### FOREIGN FILINGS

NAME: THYSSENKRUPP UHDE USA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

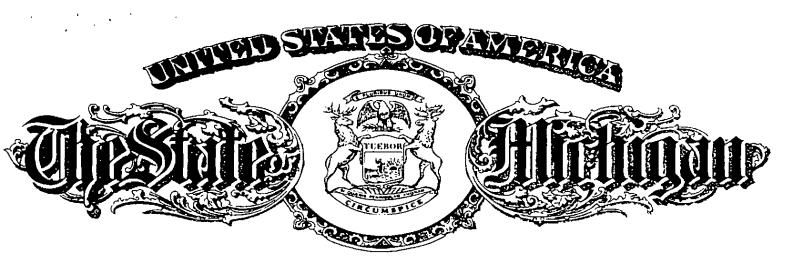
| T<br>SUBJECT:    | THYSSENKRUPP UHDE USA, LLC  |  |  |  |
|------------------|---|--|--|--|
| SUISFICT         | Name of   | Limited Liability Company  |  |  |
|                  |   | npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida. |  |  |
| Please return a  | Il correspondence concerning this matter to the   | e following:   |  |  |
|                  | Larissa Baker - Senior Paralegal  |  |  |  |
|                  | 7   | Name of Person   |  |  |
|                  | Freshfields Bruckhaus Deringer LLP  |  |  |  |
|                  | Firm/Company  |  |  |  |
|                  | 601 Lexington Ave   |  |  |  |
|                  | Address   |  |  |  |
|                  | New York, NY 10018  |  |  |  |
|                  | City/s  | State and Zip Code   |  |  |
|                  | compliancemail@cscglobal.com  |  |  |  |
|                  | E-mail address: (to be use  | ed for future annual report notification)  |  |  |
| For further info | ormation concerning this matter, please call:   |  |  |  |
| Laris            | sa Baker  | 212 284-4980<br>at (   |  |  |
|                  | Name of Contact Person  | Area Code Daytime Telephone Number   |  |  |
| Regis            | ng Address:<br>stration Section   | Street Address: Registration Section   |  |  |
|                  | sion of Corporations Box 6327   | Division of Corporations The Centre of Tallahassee   |  |  |
| Talla            | hassee, FL 32314  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303  |  |  |
| Please           | sed is a check for the following amount: make check payable to: FLORIDA DEPAR 25.00 Filing Fee S130.00 Filing Fee & Certificate of St | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate   |  |  |

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANS ACT BUSINESS. IN THE STATE OF FLORIDA:

| me adopted for the purpose of transacting business in Flori | da. The alternate name must include "Limited Liability Company | ," "L.L.C." or "LLC."  |
|---|--|--|
|   | 87-2267116   |  |
| ich foreign limited liability company is organized)         | 3. (FEI number, if applicable                                  | )  |
| (Date first transacted business in Florida, if prior to re- | ristration )   |  |
| (See sections 605 0904 & 605 0905, F.S. to determine        | penalty liability) 16285 Park Ten Place, Suite 420             |  |
|   | 6(Mailing Address)   |  |
|   | Houston, TX 77084  |  |
| Corporation Service Company                                 |  |  |
| 1201 Hays Street  |  | 7  |
|   |  |  |
| Tallahassee   |  | PM 4: 06   |
|   | e, Suite 420  e of Florida registered agent: (P.O. Box )       | (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  e, Suite 420  6.   (Mailing Address)  Houston, TX 77084  Corporation Service Company |

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: \_ Name: Denniss Lippmann ■ Manager Manager □Member □Member Address: \_\_\_\_\_ Address: 16285 Park Ten Place, Suite 420 16285 Park Ten Place, Suite 420 □ Authorized □ Authorized Houston, TX 77084 Houston, TX 77084 Person Person □Other \_\_\_\_\_ Other □Other Other Name: \_\_\_ Joaquin Boeker ■ Manager □Manager Name: □Member □Member Address: Address: \_\_\_\_\_ 111 West Jackson Blvd. Suite 2400 □ Authorized ☐ Authorized Chicago, IL 60604 Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □ Other\_\_\_\_\_ □ Other\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_ □Member □ Member □ Authorized □ Authorized Person Person □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. 1 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. Jill H. Karana Signature of an authorized person Jill H. Karana Typed or printed name of signee





### Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That
THYSSENKRUPP UHDE USA, LLC

was validly authorized on August 20, 2021, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of October, 2021.

Certificate Number: 21100242703