

M22000008766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

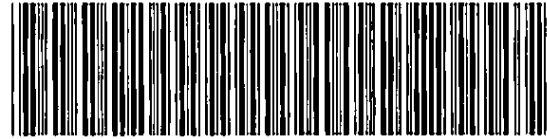
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

S. ROBERTS

JUN - 6 2022

**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: 6/6 LYNES

CERTIFIED COPY

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XPO NAT SOLUTIONS, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

2. Delaware 3. 85-4108974
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/6/22
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11215 N. Community House Road 6. 2055 NW Savier Street
(Street Address of Principal Office) (Mailing Address)

Charlotte, NC 28277 Portland, OR 97209

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee 32301
(City) Florida (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.


(Registered agent's signature) Adam Saldana, Assistant Secretary

2022 JUN -6 AM 11:08
TALLAHASSEE, FL

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:

☒ Manager Name: Christopher Signorello

☐ Member Address: Five American Lane

☐ Authorized Greenwich, CT 06831

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Lorraine Sperling

☐ Member Address: Five American Lane

☐ Authorized Greenwich, CT 06831

Person _____

☒ Other SVP, Treasurer ☐ Other _____

☐ Manager Name: Lanny Gower

☐ Member Address: 2055 NW Xavier Street

☐ Authorized Portland, OR 97209

Person _____

☒ Other Asst. Secretary ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: James X. Petrella

☐ Member Address: 11215 N. Community House Rd

☐ Authorized Charlotte, NC 28277

Person _____

☒ Other Asst. Secretary ☐ Other _____

☐ Manager Name: Riina Tohvert

☐ Member Address: Five American Lane

☐ Authorized Greenwich, CT 06831

Person _____

☒ Other Asst. Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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

Riina Tohvert, Assistant Secretary

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XPO NAT SOLUTIONS, 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 FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XPO NAT SOLUTIONS, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2020.

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



4277291 8300

SR# 20222577744

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 in a small font.

Authentication: 203569920

Date: 06-01-22