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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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S. FRANKLIN AUG - 3 2022 Registration Section
Division of Corporations

TO:

COVER LETTER

SUBJECT:	Daimler Truc	eks & Buses US Holding LLC	
30131.CT	Name o	f Limited Liability Company	
		mpany for Authorization to Transact Business in Florida, erenced foreign limited liability company to transact business.	
Please return all	correspondence concerning this matter to the	ne following:	
		Cynthia Scott	
		Name of Person	
	Daimler T	ruck North America LLC	
		Firm/Company	
	4555	N. Channel Avenue	
		Address	1321
	Maile	code: HQ637B-LGL	
	City	/State and Zip Code	25
	Po	rtland, OR 97217	
	E-mail address: (to be us	sed for future annual report notification)	٠.;
For further infor	rmation concerning this matter, please call:		Ō
	Cynthia Scott	at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPAI 5.00 Filing Fee \$\Bigsi \\$130.00 Filing Fee & Certificate of \$\Section \\$	t □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee,	

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	& Buses US Holding LLC imited Liability Company; must include "Limited	i i iakila	Comment of the Comment of the		
(Name of Poleign to	mined training Company, must include tennico	i Liaoini	Company, Littles, or tice.		
name unavailable, enter alternate na	me adopted for the purpose of transacting business in FI	orida. The	alternate name must include "Limited Liability Com	ppany," "I, I, C," or "IJ.	
Delaware			83-3985525		
		3.			
Hurisdiction under the law of whi	ch foreign limited liability company is organized)		(FEI number, if applie	ablei	
N/A					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registratio ne penalty	t.) hability)		
4555 N. Channel Avenue		6	4555 N. Channel Avenue 6.		
et Address of Principal Office)		0.	(Mailing Address)		
Maileode: HQ637B-LG	I.		e/o Cynthia Scott, Mailcode: HQ63	7B-LGL	
Portland, OR 97217			Portland, OR 97217		
Name and street address	of Florida registered agent: (P.O. Box	NOT.	acceptable)	2822	
				t	
Name:	C T Corporation System			63 65	
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida	. (.) 	
	(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.

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:		
≣ Manager	Name:	■Manager	Name: Stefan Kurschner	
□Member	Address: 4555 N. Channel Avenue	□Member	Address:	
□Authorized	e/o Cynthia Scott, HQ637B-LGL	□Authorized	c/o Cynthia Scott, HQ637B-LGL	
Person	Portland, OR 97217	Person	Portland, OR 97217	
□Other		Other	□Other	
■Manager	Claus Baessler	□Manager	Name:Andrew Centybear	
□Member	Address: 4555 N. Channel Avenue	□Member	Address: 4555 N. Channel Avenue	
□Authorized	c/o Cynthia Scott, HQ637B-LGL	Authorized	c/o Cynthia Scott, HQ637B-LGL	
Person	Portland, OR 97217	Person		
□Other	□Other	□Other	□Other →	
⊒Manager	Name:Eloisa Marquez	□Manager	Name:Michael Kuruc ~	
□Member	Address: 4555 N. Channel Avenue	□Member	Address: 4555 N. Channel Avenue	
■Authorized	c/o Cynthia Scott, HQ637B-LGL	■Authorized	c/o Cynthia Scott, HQ637B-LGL	
Person		Person	ن ن	
□Other	□Other	□Other	Other	
indexed individuals 9. Attached is a cert iurisdiction under the of the translator mu 10. This document	s executed in accordance with section 605.0	Florida Department of State d, duly authenticated by the cate is in a foreign language. 203 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in a translation of the certificate unde	
suominea in a docu	ment to the Department of State constitutes a	DocuSigned by.	ged for in 8.817.133, F.S.	
		Cetybeary Andrew		

Andrew Centybear

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "DAIMLER TRUCKS & BUSES US HOLDING

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN

CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND

IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2019, AT 8:04 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE NINETEENTH DAY OF DECEMBER,
A.D. 2019, AT 12:01 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2019 AT 5:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "DAIMLER TRUCKS & BUSES US

HOLDING LLC".

Authentication: 203829205

Date: 07-03-22



Delaware The First State

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

26 FT 3:13



Authentication: 203829205

Date: 07-03-22