M2300000 30/

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)
(Document Number)	
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rectal Instructions to Filing Officer:	
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K. Brumbley

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I20000000195 REFERENCE : 304037 7409447 AUTHORIZATION : multiple state COST LIMIT : \$ 125.00
ORDER DATE : January 3, 2023
ORDER TIME : 10:06 AM
ORDER NO. : 304037-010
CUSTOMER NO: 7409447
FOREIGN FILINGS NAME: BOSCH AUTOMOTIVE SERVICE
SOLUTIONS LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER.

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE		ervice Solutions LLC			
30 DJL		Name of Limited Liability Company			
		n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of o register the above referenced foreign limited liability company to transact business in Florida.			
Please 1	eturn all correspondence cor	cerning this matter to the following:			
	Stacee Heim				
		Name of Person			
	Bosch Automotive Service Solutions LLC				
	Firm/Company				
	38000 Hills Tech	n Drive			
		Address			
	Farmington Hills, MI 48331				
	City/State and Zip Code				
	stacee.heim@us.l				
	É	-mail address: (to be used for future annual report notification)			
For furt	her information concerning t	his matter, please call:			
	Stacee Heim	248 876-7433 at ()			
	Name of C	Ontact Person Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{S155.00 Filing Fee}} \Boxed{\text{S155.00 Filing Fee}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certificate}} \Boxed{\text{Certified Copy}} \Boxed{\text{of Status & Certified Copy}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{Certified Copy}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certified Copy}} \text{Certified Cop					

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

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Li	mited Liability Cor	npany," "L.L.C.," or "LLC.")		
name unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida. The altern	ate name must include "Limited Liab	ility Company," "L.L.	C," or "LLC.")
Delaware			G-1406501		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	- 3. —	(FEI number,	if applicable)	
January 1, 2023					
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)	ity)		
15000 Haggerty Roa	ad	,			
reet Address of Principal Office)		6	(Mailing Address)		
Plymouth, MI 48170	,				
					5002
Name and street address	ss of Florida registered agent: (P.O. I	30x <u>NO1</u> acce	ptable)	1.7	-
Name:	Corporation Service Company				AKI FILE 1923 IAN S
Office Address:	1201 Hays Street				
omee rudiess.	Tallaha s see		 32301 Florida		
	(City)		(Zip code)		

manage [up to six (t			nd addresses of the primary n		
Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: Andrea	s Andorfer	□Manager	Name:	
□Member	Address: 1 To	wer Lane, Ste. 3100	□Member	Address:	
□Authorized	Oakbrook Te	race, IL 60181	□Authorized		
Person			Person		
□Other		Other	□Other		□Other
■Manager	Christo	pher Folger	□Manager	Name:	<u>.</u>
□Member		0 Haggerty Road	•		
□Authorized	Plymouth, MI		□Authorized		
Person			Person		
□Other		 	□Other		□Other
■Manager	Name: Christin	ne Zimmerman	□Manager	Name:	
□Member	Address: 3800	D Hills Tech Drive	□Member	Address:	
□Authorized	Farmington H	ills, MI 48331	□Authorized		
Person			Person		
□Other	(□Other	<u></u>	□Other
indexed individuals 9. Attached is a certi	may be added to ficate of existen e law of which it	the index when filing you ce, no more than 90 days o). The attachment will be ima r Florida Department of State ld, duly authenticated by the icate is in a foreign language.	Annual Repo	ort form. g custody of records in the
10. This document i	s executed in acc		9203 (1) (b), Florida Statutes. a third degree felony as provi		
	S	acceptable in			_
			ture of an authorized person		
	Stacee F	leim. Secretary			

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BOSCH AUTOMOTIVE SERVICE 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 FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOSCH AUTOMOTIVE SERVICE SOLUTIONS LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER,

A.D. 2012.

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



Authentication: 202417907

Date: 01-04-23