

M23000004028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

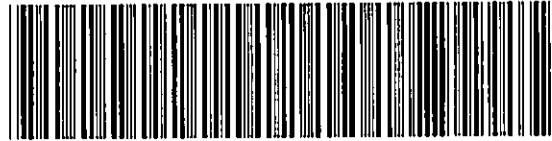
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAR 29 PM 6:19

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2023 MAR 29 AM 9:55

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ALLAHABAD, IN

MAR 29 2023  
K. Brumby

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 03/29/2023

**\*\*WALK IN\*\***

ENTITY NAME CMA CGM INLAND SERVICES (AMERICA) LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

*Tina*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CMA CGM INLAND SERVICES (AMERICA) LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Connie Ferrell  
Name of Person

CMA CGM AMERICA  
Firm/Company

1 CMA CGM Way  
Address

Norfolk, Virginia 23502  
City/State and Zip Code

orf.cferrell@cma-cgm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Connie Ferrell</u>	<u>757</u>	<u>904-5256</u>
Name of Contact Person	at (      ) Area Code	Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
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**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. CMA CGM INLAND SERVICES (AMERICA) 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

(Jurisdiction under the law of which foreign limited liability company is organized)

30-1283276

3. (FEI number, if applicable)

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

1 CMA CGM Way, Norfolk, VA 23502

5. (Street Address of Principal Office)

1 CMA CGM Way, Norfolk, VA 23502

6. (Mailing Address)

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

Name:

Registered Agents, Inc.

Office Address:

7901 4th Street N, Suite 300

St. Petersburg

(City)

Florida 33702

(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.

David Roberts

(Registered agent's signature)

2013 MAR 29 PM 6:20

FILED

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: CMA CGM INLAND SERVICES

☒ Member                      Address: 4 Quai D' Arenc

☐ Authorized                      Marseille 13235 France

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Kristi Thompson

☐ Member                      Address: 1 CMA CGM Way

☒ Authorized                      Norfolk, VA 23502

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ 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

Kristi Thompson, Authorized Person

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "CMA CGM INLAND SERVICES (AMERICA) 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 TENTH DAY OF AUGUST, A.D. 2021, AT 2:17 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE SEVENTEENTH DAY OF MARCH, A.D. 2023, AT 3:12 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, "CMA CGM INLAND SERVICES (AMERICA) LLC".



  
Jeffrey W. Bullock, Secretary of State

6155470 8310

SR# 20231092233

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202980222

Date: 03-22-23