

M730000/9275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

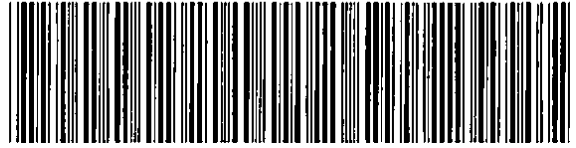
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Daimler Truck International Assignment Services 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:

Cynthia Scott  
Name of Person  
Daimler Truck North America LLC  
Firm/Company  
4555 N. Channel Avenue, Mailcode: 11Q637B-LGL  
Address  
Portland, OR 97217  
City/State and Zip Code  
Cynthia.Scott@Daimlertruck.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Scott at ( 503 ) 745-8024  
Name of Contact Person 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. Daimler Truck International Assignment Services LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 87-2124828  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4555 N. Channel Avenue 6. 4555 N. Channel Avenue  
(Street Address of Principal Office) (Mailing Address)

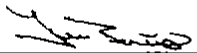
Portland, OR 97217 c/o Cynthia Scott, HQ637B-LGL  
Portland, OR 97217

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

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

 Terrie Medina, Asst. Secy  
(Registered agent's signature)

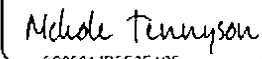
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	John O'Leary		<input type="checkbox"/> Manager	Name:	Alexis Hart	
<input type="checkbox"/> Member	Address:	4555 N. Channel Avenue		<input type="checkbox"/> Member	Address:	4555 N. Channel Avenue	
<input checked="" type="checkbox"/> Authorized Person		c/o Cynthia Scott, HQ637B-LGL Portland, OR 97217		<input checked="" type="checkbox"/> Authorized Person		c/o Cynthia Scott, HQ637B-LGL Portland, OR 97217	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other Vice President		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Angela Lentz		<input type="checkbox"/> Manager	Name:	Nichole Tennyson	
<input type="checkbox"/> Member	Address:	4555 N. Channel Avenue		<input type="checkbox"/> Member	Address:	4555 N. Channel Avenue	
<input checked="" type="checkbox"/> Authorized Person		c/o Cynthia Scott, HQ637B-LGL Portland, OR 97217		<input checked="" type="checkbox"/> Authorized Person		c/o Cynthia Scott, HQ637B-LGL Portland, OR 97217	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other Secretary		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Stefan Kurschner		<input type="checkbox"/> Manager	Name:	Maria Zografi	
<input type="checkbox"/> Member	Address:	4555 N. Channel Avenue		<input type="checkbox"/> Member	Address:	4555 N. Channel Avenue	
<input checked="" type="checkbox"/> Authorized Person		c/o Cynthia Scott, HQ637B-LGL Portland, OR 97217		<input type="checkbox"/> Authorized Person		c/o Cynthia Scott, HQ637B-LGL Portland, OR 97217	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other Ass't Secretary		<input type="checkbox"/> 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.

DocuSigned by:  
  
Signature of an authorized person  
Nichole Tennyson  
Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "DAIMLER TRUCK INTERNATIONAL ASSIGNMENT SERVICES 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 2:43 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "DAIMLER TRUCKS INTERNATIONAL ASSIGNMENT SERVICES LLC" TO "DAIMLER TRUCK INTERNATIONAL ASSIGNMENT SERVICES LLC", FILED THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022, AT 12:59 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 TRUCK INTERNATIONAL ASSIGNMENT SERVICES LLC".



  
Jeffrey W. Bullock, Secretary of State

6155507 8310

SR# 20232707348

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

Authentication: 203522978

Date: 06-23-23

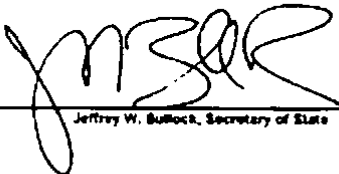
# Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAIMLER TRUCK  
INTERNATIONAL ASSIGNMENT SERVICES LLC" WAS FORMED ON THE TENTH  
DAY OF AUGUST, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

6155507 8310

SR# 20232707348

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

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