M24000000054

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| ٠ ٠ ن ن ن | | | | | |
| JAN 1774 | | | | | |
| | | | | | |

Office Use Only



900419945929

00:11:17 8-11:13.

2024 JAH -3 MK 10: 52

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Palfinger Marine USA. | LLC | | | |
|--|---|---------------------------------------|------------------------------------|--------------------------------|
| (Name of Foreign I | limited Liability Company; must include "Limited | Liability Compa | 1y," "L.L.C.," or "LLC.") | |
| Iff name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flor | rida. The alternate r | aine must include "Limited Liabili | ty Company," "L.L.C," or "LEC. |
| Delaware | | 22-2108896 3 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3. (FEI number, if applicable) | | |
| 4 | Class Control | winterton) | | |
| · | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin | e penalty liability) | | |
| 912 Highway 90E | | 912 11 | ighway 90E | |
| (Street Address of Principal Office) | <u></u> | · - () | failing Address) | |
| New Iberia, LA 70560 | | New Iberia, LA 70560 | | |
| - | | | | : |
| | | | | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | | | | |
| | | | | 211: PO |
| Name: | Corporate Creations Network Inc. | | | : 3 |
| Office Address: | 801 US Highway I | | | |
| | North Palm Beach | | 33408 , Florida | |
| | (Cay) | · · · · · · · · · · · · · · · · · · · | (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.

> Tasha Edwards, Special Secretary Tasha Cdwards Tash
> (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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Gary W. Joseph Name: Palfinger US Holdings, Inc. ■ Manager ☐ Manager Address: 912 Highway 90E 3501 South 11th St. □ Member **■**Member Council Bluffs, IA 51501 New Iberia, LA 70560 □ Authorized □ Authorized Person Person President □Other_ _ Other____ □Other_____ - DOther Name: Kimberly Wike □Manager Name: _____ □Manager 912 Highway 90E Address: □Member □Member New Iberia, LA 70560 □ Authorized □ Authorized Person Person Secretary

Other_ ■Other____ □Other_____ Other ____ Name: □Manager □Manager Address: ☐Member □Member Address: Authorized Authorized Person Person □Other_____ □Other____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Kimberly Wike

Signature of an authorized person

Typed or printed name of signee

Kimberly Wike

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PALFINGER MARINE USA, 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 THIRD DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALFINGER MARINE USA, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 1979.

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

Authentication: 202511159

Date: 01-03-24