M24000012741

(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.						

Office Use Only



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OCT 0.7 2024 C. Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/07/24 Order #: 1639019-2

Re: Bosch Service Solutions North America LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

SUBJECT:	Bosch Service Solutions North America	a LLC		
SUBJECT	Nam	Name of Limited Liability Company y Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of mitted to register the above referenced foreign limited liability company to transact business in Florida. nce concerning this matter to the following: Schroder Name of Person Disch LLC Firm/Company		
Please return	all correspondence concerning this matter t	o the following:		
	Heather Schroder			
		Name of Person		
	Robert Bosch LLC			
	 	Firm/Company		
	38000 Hills Tech Drive			
		Address		
	Farmington Hills, MI 48331			
	C	City/State and Zip Code		
	heather.schroder@us.bosch.com			
	E-mail address: (to be	e used for future annual report notification)		
For further in	formation concerning this matter, please ca	11:		
Heather Schroder		248 876-7870 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
). Box 6327	The Centre of Tallahassee		
•	lahassee, FL 32314	2415 N. Monroe Street. Suite 810		
		Tallahassee, FL 32303		
	losed is a check for the following amount: se make check payable to: FLORIDA DEF	PARTMENT OF STATE		
	125.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate		

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 INTHE STATE OF FLORIDA:

(0) (1)	ins North America LLC Imited Liability Company, must include "Limited	Title:			_
(Name of Porcign 1)	amited Materity Company, must include "Limited	павиту Со	mpany. L.E.C., or E.C.)		
name unavailable, enter alternate na	ime adopted for the purpose of transacting business in Flo	rida The alter	nate name must include "Limited Liability	y Company," "L. L.C."	or "LLC."}
Delaware		_			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
	(Date first transacted business in Florida, it prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration) ne penalty liab	dity)	_	
Lakeside Plaza, 6301 NW 5th Way			akeside Plaza, 6301 NW 5t	h Way	
Street Address of Principal Office)			(Mailing Address)		
Ft. Lauderdale, FL 33		Ft.	. Lauderdale, FL 33309		
			 		
				252	
Name and street address	of Florida registered agent: (P.O. Box	NOT acc	eptable)	 (p)	
				· · · · · · · · · · · · · · · · · · ·	•
	Corporation Service Company			1	• ••
Name:			 -	=:	
Office Address.	1201 Hays Street			့ မှ	
Office Address.				-	
	T-11-5		32301		
	Tallahassee		, Florida (Zip code)		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Paulo Maia ■ Manager □Manager Name: _____ Address: Address: □ Member □ Member Lakeside Plaza, 6301 NW 5th Way □ Authorized ☐ Authorized Ft. Lauderdale, FL 33309 Person Person □Other □Other_____ Other_____ □Other Shibu Vellorkara Mathai ■ Manager □ Manager Name: Address: ____ □Member □Member Address: Lakeside Plaza, 6301 NW 5th Way □ Authorized □ Authorized Ft. Lauderdale, FL 33309 Person Person □Other____ □Other_____ □Other_____ □Other _____ Maria Luno Name: ■ Manager □ Manager □Member Address: Address: □ Member Avda. de Bruselas 15 ☐ Authorized ☐ Authorized 28108 Alcobendas (Madrid) SPAIN Person Person □Other____ □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. - Harth Signature of an authorized person

Typed or printed name of signee qual-47478

Heather Schroder

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BOSCH SERVICE SOLUTIONS NORTH AMERICA

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 OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOSCH SERVICE SOLUTIONS NORTH AMERICA LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2024.

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

e at corn delaware gov/aut

Authentication: 204561639

Date: 10-04-24