M24000014129

| (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: |
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| |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--|---|--|
| SUBJ | Featherlite Trailer Manfacturing LLC ECT: | |
| | | of Limited Liability Company |
| | | ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida. |
| Please | return all correspondence concerning this matter to | the following: |
| | Joseph A Blaney, CFO | |
| | | Name of Person |
| | Featherlite Trailer Manufacturing LLC | |
| | | Firm/Company |
| | 13380 US Highway 63 N, PO Box 320 | |
| | | Address |
| | Cresco, Iowa 52136-0320 | |
| | Cil | ty/State and Zip Code |
| | joseph.blaney@fthr.com.com | |
| | E-mail address: (to be | used for future annual report notification) |
| For fu | rther information concerning this matter, please call | : |
| | Joseph A Blaney, CFO | 563 547-6017 at () |
| | Name of Contact Person | at () Area Code Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | | Street Address: Registration Section |
| | | Division of Corporations |
| | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP | ARTMENT OF STATE |
| | ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of | |

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

IN COMPLANCE 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:

| | mine adopted for the purpose of damsacting business in the | orida. The alter | nate name must include "Limited | d Liability Company," "L.L.C." or | rrc |
|--|---|--------------------------------|---------------------------------|-----------------------------------|-----|
| DELAWARE | | | 4-3958960 (FEIN) | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3. (FEI number, if applicable) | | | |
| 1/1/2024 | | | | | |
| - | (Date first transacted business in Florida, if prior to to (See sections 605 0904 & 605,0905, F.S. to determine | registration) | ility) | | |
| 13380 US HIGHWAY | | | D BOX 320 | | |
| CRESCO, IOWA 52136 | | 6 | (Mailing Address) | Mailing Address) | |
| | | CRESCO, IOWA 52136-0320 | | | |
| | | _ | | li do | _ |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acce | eptable) | 60 20 | |
| | CAPITOL CORPORATE SERVICES | INC | | 2024 OCT | |
| Name: | | | | > 1 <u>2</u> | į |
| Name: Office Address: | 155 OFFICE PLAZA DR SUITE A | | · · · · · · | ; · | |
| | TALLAHASSEE | <u></u> | 32301 . Florida | | ; |

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.

Michelle Ellis, Asst. Secretary 10/15/2024
(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: Title or Capacity: Name and Address: Howard C Palmer Name: Name: _____ Masud □Manager □Manager 8834 High Ridge Lane PO Box 767 □Member □Member Address: Concord, North Carolina 28027 Manvel, Texas 77578 □ Authorized □ Authorized Person Person □Other____ \Box Other $_$ □Other □Other_____ □Manager Name: _____ □Manager Name: □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other__ Other____ □Other □Other_____ Name: ☐ Manager □Manager Name: _____ □Member Address: □Member Address: □ Authorized ☐ Authorized

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.

Person

□Other____

□Other____

- 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.

Joseph A Blansy CFO 10/16/2024
Signature of an authorized person Joseph A Blanev, CFO

□Other_____

Person

□Other___

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FEATHERLITE TRAILER MANUFACTURING,

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 SIXTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEATHERLITE TRAILER MANUFACTURING, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2019.

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

Authentication: 204650233

Date: 10-16-24

7746134 8300 SR# 20243964801

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "EXISS SOONER TRAILER MANUFACTURING,

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 SIXTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXISS SOONER TRAILER MANUFACTURING, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2019.

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

at coro delaware gov/aut

Authentication: 204649260

Date: 10-16-24

7746130 8300 SR# 20243961827