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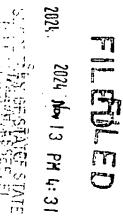
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TO:

TO:	Registration Section Division of Corporations								
SURJI	Exiss Sooner Trailer Manfacturing LLC UBJECT:								
	Name of Limited Liability Company								
		ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida							
Please	return all correspondence concerning this matter	er to the following:							
	Joseph A Blaney, CFO								
	Name of Person								
	Exiss Sooner Trailer Manufacturing LLC								
		Firm/Company							
	13380 US Highway 63 N, PO Box	320							
	Address								
	Cresco, Iowa 52136-0320								
	City/State and Zip Code								
	joseph.blaney@exiss.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		Street Address: Registration Section							
Division of Corporations		Division of Corporations							
P.O. Box 6327		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 D ☐ \$125.00 Filing Fee ☐ \$130.00 Filin Certification	PEPARTMENT OF STATE							

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

IN COMPLIANCE WITH SECTION 605.0X02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CVICE COONED TO AIL OD AGANDICACTUDING LLC

ame unavailable, enter alternate	name adopted for the purpose of transacting business in Florid	a. The alternate name must i	nclude "Limited Liab	oility Company," "L.1	C," or "L.L
DELAWARE		84-3964853 3.	(FEIN)		
(harisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)			
1/1/2024					
	(Date first transacted business in Florida, if prior to regi: (See sections 605,0904 & 605,0905, F.S. to determine p	stration) enalty liability)			
900 E. TRAIL BLVD		PO BOX 320			
eet Address of Principal Office)		6. (Mailing Add	ress)		
EL RENO, OKLAHO	MA 73036	CRESCO, 101	VA 52136-032	0	
	· · · · · · · · · · · · · · · · · · ·				
		-			
Name and street address	es of Florida registered quent: (P.O. Roy, N	OT acceptable)			
Name and street addre	ss of Florida registered agent: (P.O. Box) N	OT acceptable)		<u>ښان</u> زد	
	ss of Florida registered agent: (P.O. Box Note: 1885) CAPITOL CORPORATE SERVICES IN				2
Name and street addre	CAPITOL CORPORATE SERVICES IN				2024
					2024 Nov
Name:	CAPITOL CORPORATE SERVICES IN		32301		2024 Nov 13

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:
Ž i Manager	Name: Timothy J. Masud	⊠ Manager	Name: Howard C Palmer
□Member	Address:	□Member	Address: PO Box 767
□Authorized	Concord, North Carolina 28027	□Authorized	Manvel, Texas 77578
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
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. 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.

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

Joseph A Blaney, CFO

Page 1

Delaware 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.

e at corn delaware gov/auti

Authentication: 204649260

Date: 10-16-24

7746130 8300 SR# 20243961827