

m99000000722

| | |
|------------------------------------|---------|
| Requestor's Name <u>Akerman</u> | |
| Address <u>222-3471</u> | |
| City/State/Zip | Phone # |

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Freightliner of Tampa, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. 300002867763--8
(Corporation Name) (Document #) -05/07/99--01112--003
*****293.75 *****293.75
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| | Profit |
| | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|--|
| | Amendment |
| | Resignation of R.A., Officer/ Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| | |
|-----------------|------------------|
| Name | Availability |
| Document | Examined |
| Updater | Annual Report |
| Updater | Fictitious Name |
| Verifier | Name Reservation |
| Acknowledgement | DOC |
| W. P. Verifier | DOC |

| REGISTRATION/ QUALIFICATION | |
|-----------------------------|---------------------|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

if you have any questions please call.

| | |
|--------------|-------|
| C. TAX | |
| FILING | |
| R. AGENT FEE | |
| C. COPY | 52.50 |
| TOTAL | |
| N. BANK | |
| ES. INVOICE | |
| REFUND | |

CR2E031(1/95)

m99000000722

w990000010760

Same as P990000028469



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 7, 1999

AKERMAN
C/O CARSON
TALLAHASSEE, FL 32301

SUBJECT: FREIGHTLINER OF TAMPA LLC
Ref. Number: W99000010760

We have received your document for FREIGHTLINER OF TAMPA LLC and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You submitted a certified copy of the Certificate of Limited Liability Company. Our Law requires a Certificate of Existence (Good Standing).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 599A00025191

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Freightliner of Tampa LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied for
(FEI number, if applicable)
4. 5/3/99
(Date of Organization)
5. Year
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 5/17/99
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 8211 Adamo Dr.
Tampa, FL 33619
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:

TITLE:

William G Gordon
2701 NW Vaughn St 776
Portland, OR 97210

MGR
President

J. Chris Edwardsen
4747 N. Channel Ave
Portland, OR 97217

MGR
Secretary

Kelley Platt
2701 NW Vaughn St 900
Portland, OR 97210

MGR
Treasurer

NAME & ADDRESS:

TITLE:

John Barker
8211 Adamo Dr.
Tampa, FL 33619

MGR
V. Pos
Operations

Jim Niemannhans
8211 Adamo Dr.
Tampa, FL 33619

MGR
V. Pos
Sale

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 12 PM 12:14

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

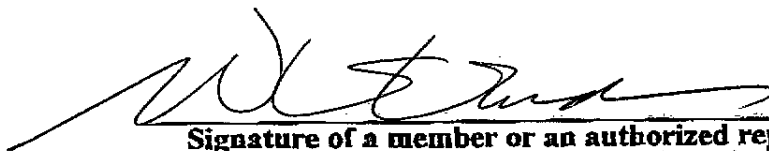
The undersigned member or authorized representative of a member of Freightliner of
Tampa LLC certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is \$ 1,800,000;

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;
(A description of the property is attached and made a part hereto.)
and

4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 1,800,000;
(This total includes amounts from 2 and 3 above.)



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

William G. Gordon
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 12 PM 12:11

Filing Fee: \$250.00 for Application and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FREIGHTLINER OF TAMPA LLC

2. The name and address of the registered agent and office is:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

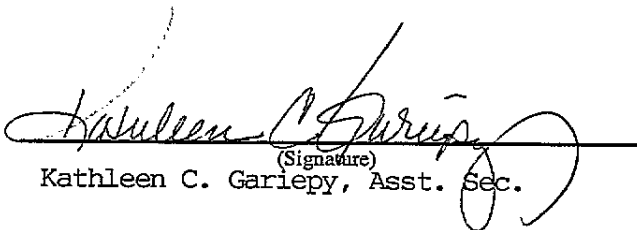
(P.O. Box not acceptable)

Plantation, Florida 33324

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 12 PM 12:48

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)
Kathleen C. Gariepy, Asst. Sec.

May 5, 1999

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

State of Delaware
Office of the Secretary of State

PAGE 1

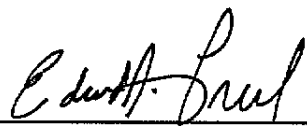
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FREIGHTLINER OF TAMPA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 12 PM 12:48



3037753 8300
991185966


Edward J. Freel, Secretary of State

AUTHENTICATION: 9736053
DATE: 05-11-99