

FILE 0000004388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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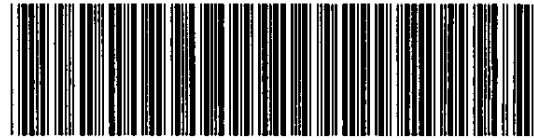
(Business Entity Name)

(Document Number)

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16 SEP 30 AM 10:03

MISSOURI  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

OCT 03 2016  
J. HARRIS

~~ESTER~~ DIA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EROAD, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Catherine Davidson

Name of Person

EROAD, Inc.

Firm/Company

7618 SW Mohawk St.

Address

Tualatin, OR 97062

City/State and Zip code

invoices.us@eroad.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessalyn Schuhknecht

503

305-9374

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2016

CATHERINE DAVIDSON  
7618 SW MOHAWK ST  
TUALATIN, OR 97062

SUBJECT: EROAD, INC.  
Ref. Number: W16000064271

2016 SEP 30 PM 12:34  
MAIL ROOM

We have received your document for EROAD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 916A00019922

16 SEP 30 AM 10:03  
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DIVISION OF STATE  
CORPORATIONS

*Any mistakes - form updated*

*Please call/email with questions*

*Jessalyn Schuhknecht  
Finance Administrator*

*EROAD Inc.*

*503-305-9374*

*invoices.us@eroad.com*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EROAD, Inc.  
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
2. Oregon 3. 99-0381753  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Sept. 6, 2012 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7618 SW Mohawk St. Tualatin, OR 97062  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Pacific Registered Agents, Inc.  
Office Address: 5647 110th Ave. North  
Royal Palm Beach, Florida 33411  
(City) (Zip code)

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DIVISION OF CORPORATIONS  
16 SEP 30 AM 12:03

9. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

(see enclosure)  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Michael Bushby, Chairman  
Address: 43a Ellalong Rd  
Cremorne NSW 2090, Australia

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Steven Newman, Director  
Address: 260 Otcha Valley Rd  
Albany, Auckland, New Zealand

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Steven Newman, CEO  
Address: 260 Otcha Valley Rd  
Albany, Auckland, New Zealand

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Mark Heine, General Counsel  
Address: 260 Otcha Valley Rd, Albany, Auckland, New Zealand

Treasurer: Scan Church, Vice President Finance  
Address: 260 Otcha Valley Rd Albany, Auckland, New Zealand

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DEPT OF STATE  
OFFICE OF THE SECRETARY

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Steven Newman, CEO  
(Typed or printed name and capacity of person signing application)

## CONSENT TO SERVE AS FLORIDA REGISTERED AGENT

I, Charles F. Mathias, President of Pacific Registered Agents, Inc., consent to serve as Registered Agent in the State of Florida for **EROAD, Inc.** I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of Pacific Registered Agents, Inc., and to immediately notify the Office of the Secretary of State if we resign or change the registered office or business address. Our registered office and business address is:

Pacific Registered Agents, Inc.  
5647 110th Ave. North  
Royal Palm Beach, FL 33411



\_\_\_\_\_  
Signature of Agent

Charles F. Mathias, President  
Printed Name

8/30/2016  
Date

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 614S728P3

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

**EROAD, INC.**

is

Incorporated

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



*Jeanne P. Atkins*

JEANNE P. ATKINS, SECRETARY OF STATE

8/24/2016