Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

FILED: JUL 24, 2024
OREGON SECRETARY OF STATE

229084892-26497473

EASY MILE US, LLC **NEWAUT**

REGISTRY NUMBER: 229084892
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pul
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME:** Easy Mile US, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) **REGISTRY NUMBER IN HOME JURISDICTION**

OR: **CERTIFICATE OF EXISTENCE** ☒ **(ATTACHED)**

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) **DATE OF ORGANIZATION:** 07/17/2024

DURATION, IF NOT PERPETUAL:

4) **STATE OR COUNTRY OF ORGANIZATION:** Delaware

5) **THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).**

6) **NAME OF OREGON REGISTERED AGENT:** C T Corporation System

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

(Must be an **Oregon Street Address**, which is identical to the registered agent's business office.)

780 Commercial Street SE, STE 100,
Salem, OR 97301

8) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:** 545 Boylston Street, Floor 5, Boston, MA, 02116

9) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:** 545 Boylston Street, Floor 5, Boston, MA, 02116

10) **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

☒ This LLC will be member-managed by one or more members.
☐ This LLC will be manager-managed by one or more managers.

11) **EXECUTION:** (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
Peter Amato	Peter Amato	CFO & Managing Partner

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

Required Processing Fee $275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.