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(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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(Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE : 667283 3487A

AUTHORIZATION :

COST LIMIT : \$87.50

ORDER DATE: October 24, 2005

ORDER TIME : 9:09 AM

ORDER NO. : 667283-005

CUSTOMER NO: 3487A

FOREIGN FILINGS

NAME: GAEMMERLER (U.S.) CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

GAEMMERLER (U.S.) CORPORATION			The transfer	
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "C	OMPAN	THE FOLLOWING IS SUBMITTED TO NOTHE STATE OF FLORIDA. TY," "CORPORATION," The purpose of transacting business in Florida)
(If name unava	ilable in Florida, enter alternate corporate na	ame adop	ted for th	ne purpose of transacting business in Florida)
2. Delawa		_3	_13-32	272856
(State or countr	y under the law of which it is incorporated)			(FEI number, if applicable)
4. April	25, 1985	5.	Perpe	etual
(Da	te of incorporation)	(Du	ration:	Year corp. will cease to exist or "perpetual")
5	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in Flor 7.1502, F	rida, if pr	rior to registration) etermine penalty liability)
7. ^{930 Mւ}	iirfield Drive, Hanover Park,	, Illin	nois	60103
	(Principal office	address)		
930 Mu	irfield Drive, Hanover Park,	, Illi:	nois	60103
	(Current mailing	address)		
	F. Thomas Hopkins, III Icard, Merrill, Cullis, 7 2033 Main Street, Suite 6	(P.O. Bo	x <u>NOT</u>	
	Sarasota		Florid	34237
	(City)		, i loria	a 34237 (Zip code)
	agent's acceptance:			
Having been nai lesignated in thi further agree to	is application, I hereby accept the appoi	intment d es relativ	us regisi e to the	for the above stated corporation at the place tered agent and agree to act in this capacity. I proper and complete performance of my duties, istered agent.
Having been nai designated in thi further agree to	's application, I hereby accept the appoi comply with the provisions of all statute	intment (es relativ position	us regisi e to the	ered agent and agree to act in this capacity. I proper and complete performance of my duties.

A. DIRECTOR	
Chairman:	Gunter Gammerler
Address:	206 North Key Road
	Osprey, Florida 34229
Vice Chairman:	Hagen Gammerler
Address:	Ichoring 44
	82057 Icking, Germany
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	· · · · · · · · · · · · · · · · · · ·
President:	Gunter Gammerler
Address:	206 North Key Road
	Osprey, Florida 34229
Vice President:	
Address:	
<u></u>	
Secretary:	Gunter Gammerler
	206 North Key Road
Treasurer:	Osprey, Florida 34229
Address:	
	
NOTE: If neces	sary, you may attach an addendum to the application listing additional officers and/or directors.
13	
/	(Signature of Director or Officer listed in number 12 of the application) Gunter Gammerler
14.	(Typed of printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAEMMERLER (U.S.) CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAEMMERLER (U.S.) CORPORATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 1985.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Darriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4245311

DATE: 10-24-05