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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

Sandvik SMC Distribution Limited, Inc.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. **Sandvik SMC Distribution Limited, 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. **Ireland**

(State or country under the law of which it is incorporated)

3. **98-0487175**

(FEI number, if applicable)

4. **06/03/02**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **05/01/06**

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

7. **Unit C4 Nutgrove Office Park Rathfarnham Dublin 14 Ireland**

(Principal office address)

Unit C4 Nutgrove Office Park Rathfarnham Dublin 14 Ireland

(Current mailing address)

8. **Sell parts Wholesale**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(Zip code)

10. **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.

Peter F. Souza
Assistant Secretary

(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: Secretary: Brian Moriarty

Address: 44 Charleville Square, Butterfield Avenue, Rathfarnham, Dublin 14 Ireland

Vice Chairman: Director: Mary Healy

Address: Tinode

Manor Kilbride, County Wicklow

Director: Anders Olsson

Address: Bulloch Harbour

Dalkey, County Dublin

Director: Bernth Nilsson

Address: Linnevagen 10, Se-811 34 Sandviken, Sweden

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Bm
(Signature of Director or Officer listed in number 12 of the application)

14. BRIAN MORIARTY SECRETARY
(Typed or printed name and capacity of person signing application)

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Duplicate Certificate



Short Certificate of Incorporation of a Company

I hereby certify,

that company number **354158**
SANDVIK SMC DISTRIBUTION LIMITED

was incorporated under the Companies Acts, 1963 to 2001,

as a Limited Company

On

Wednesday, the 6th day of March, 2002.

Given under my hand at Dublin, this

Tuesday, the 16th day of May, 2006.

for Registrar of Companies

Companies Act, 1963, sec. 370(1)

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