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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR -3 PM 12:04

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FOREIGN PROFIT/NONPROFIT CORPORATION

Kuhn North America, Inc.

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J. Shivers MAR 04 2008

**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. Kuhn North America, 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. Delaware 3. 82-0566728
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/13/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1501 West 7th Avenue, Brodhead, WI 53520
(Principal office address)
PO Box 167, Brodhead, WI 53520
(Current mailing address)

8. wholesale distribution of farm machinery and parts
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

C T Corporation System

By: Carrie Bryan
(Registered agent's signature)

CARRIE BRYAN
SPECIAL ASSISTANT SECRETARY

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.

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

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TALLAHASSEE, FLORIDA

A. DIRECTORS SEE ATTACHMENT

Chairman: Michel Siebert

Address: 4 Impasse Des Fabriques, BP 60

Saverne, FRANCE, 67700

Vice Chairman: _____

Address: _____

Director: Thierry Krier

Address: 1501 West 7th Avenue

Brodhead, WI 53520

Director: Jeannot Hironimus

Address: 4 Impasse Des Fabriques, BP 60

Saverne, FRANCE, 67700

B. OFFICERS SEE ATTACHMENT

President: Thierry Krier

Address: 1501 West 7th Avenue

Brodhead, WI 53520

Vice President: _____

Address: _____

Secretary: Thierry Krier

Address: 1501 West 7th Avenue, Brodhead, WI 53520

Treasurer: Dominique Schneider

Address: 4 Impasse Des Fabriques, BP 60, Saverne, FRANCE, 67700

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

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

14. Thierry Krier, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Roland Rieger
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	4 Impasse Des Fabriques, BP 60
	City:	Saverne, FRANCE
	State:	
	ZIP Code:	67700
2	Full Name:	Jill A Leitzen
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	1501 West 7th Avenue
	City:	Brodhead
	State:	WI
	ZIP Code:	53520
3	Full Name:	Dominique Schneider
	Officer/Director:	Officer, Director
	Officer's Title:	Treasurer
	Director's Title:	Other Director
	Business Address:	4 Impasse Des Fabriques, BP 60
	City:	Saverne, FRANCE
	State:	
	ZIP Code:	67700

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KUHN NORTH AMERICA, INC." 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 FIFTH DAY OF FEBRUARY, A.D. 2008.

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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KUHN NORTH AMERICA, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2002.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6362219

DATE: 02-05-08