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(Requestor's Name)					
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(Cit	ty/State/Zip/Phon	ne #)			
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PICK-UP	WAIT	MAIL			
		L			
. (Bu	isiness Entity Na	me)			
(Do	cument Number)			
Certified Copies	Certificate	s of Status			
•	-				
Special Instructions to	Filing Officer:				
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TALLAHASSEE, FLORIDA

.09 DEC 21 PM 5: 07





COVER LETTER

TO: New Filing So Division of Co			
SUBJECT:	Digger Specialti	es. Inc.	
	(Name of corpo	ration - must include suffix)	
Dear Sir or Madam:			
	ation by Foreign Corporation ice," and check are submitted orida.		
	spondence concerning this m	-	
	Tim Stichter (Nam	ne of Person)	
	Digger Specialt		
	(Firm	/Company)	
	PO Box 241		
	Bremen, IN 46, (City/Si	506	_
	(City/Si	tate and Zip code)	
For further informatio	n concerning this matter, plea	ase call:	
Tim Stickt (Name of Per	rson) at (<u>5</u>	74) 546 - 5999 rea Code & Daytime Teleph	one Number)
New Filing So Division of C Clifton Buildi	orporations ng /e Center Circle	MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for	or the following amount:		
\$70.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	I COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	D TO	
1.	Digger Specialties nc. (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.	20 100000		
4.	9-24-1990 5. Perpetual		
6.	(Date of incorporation) (Duration: Year corp. will cease to exist or "per Exact date is unknown (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7.	3446 US Highway lo Bremen IN 46506 (Principal office address) PO Box 241 Blemen IN 46506 (Current mailing address)	09 DEC 21	
8.	Distributor of Polyviny + Aluminum material (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	PM 5: 07	
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: ONE)) F	
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.			

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.

(Registered agent's signature)

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



A. DIRECTORS

Chairman:	Loren Graber	09 DEC 21 PM 5: 07
Address:	30338 CR 56	
	Nappanee IN 46560	TALLAHASSEE, FLORIDA
Vice Chairma	n:	
Address:		
Director:	Anadas Ingalang Bankang	
Address:		
Director:		<u> </u>
Address:		
·······		
B. OFFICE	' <u>.</u>	
President:	Loren Graber	
	30338 CR 56	
	Nappanee IN 46550	
Vice Presiden	11: Everett Hochstetler	
Address:	13996 N 1050 W	
	Nappanee IN 4650	
Secretary:	Esther Graber	
Address:	30338 CR 56 Nappanee	N 46550
Treasurer:	Some as secretary	
Address:	,	
NOTE IC	was a sala sala sa	in listing additional officers and/or directors
NOTE: II n	necessary, you may attach an addendum to the applicat	ion fisting additional officers and/or directors.
13.	(Signature of Director or Officer listed in nu	imber 12 of the application)
14		erson signing application)
	(Typed or printed name and capacity of po	erson signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



09 DEC 21 PM 5: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

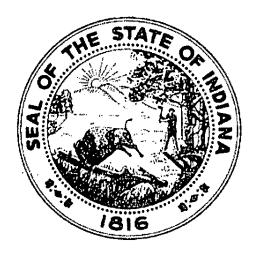
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

DIGGER SPECIALTIES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 24, 1990, and was in existence or authorized to transact business in the State of Indiana on December 01, 2009.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of December, 2009.

TODD ROKITA, Secretary of State

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