F1800000180A

(Requestor's Name)					
(Address)					
(Äddress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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18 APR 17 PH 2: 05 FILED

O SIMMONS APR 1 8 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 166247 7907827

AUTHORIZATION

COST LIMIT : 🗘 况 0.00

ORDER DATE: April 17, 2018

ORDER TIME : 11:52 AM

ORDER NO. : 166247-005

CUSTOMER NO: 7907827

FOREIGN FILINGS

NAME: THYSSENKRUPP NORTH AMERICA,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TÖ:	Registration So Division of Co							
0 × 1 × ×	thyssenk	rupp North America,	Inc.					
SUBJ	Name of corporation - must include suffix							
Dear S	Sir or Madam:							
"Certil	ficate of Existence		of Good Star	iding" and check are sul	ect Business in Florida," binitted to register the			
Please	return all corres	pondence concerni	ng this matte	r to the following:				
			Putty A. S	alelá				
			Name of	Person				
thysser	nkrupp North Ame	rica, Inc.						
•		•	Firm/Con	pany				
111 W	. Jackson Blvd., Si	ite 2400						
			Addr	ess				
Chicag	ეი, IL ი <mark>0</mark> 604							
			City/State a	nd Zip code				
patty.s	alela@thyssenkrup	<u> </u>						
		E-mail address:	(to be used	for future annual report	notification)			
For fu	ther information	concerning this ma	atter, please o	call:				
Patty A	A. SaleJa		312 at (525-3170				
	Name of Perso		Area Cod	e Daytime Telep	shone Number			
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle.	: :	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	section orporations 7			
Enclos	ed is a check for	the following amo	unt;					
☐ \$70	0.00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy			

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.

(II name unavai	lable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)	
Delaware	3		
	3	(FEI number, if applicable)	
03/12/1982	5		
(Dat	e of incorporation)	(Date of duration, if other than perpetual)	
,	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	florida, if prior to registration) 2. F.S., to determine penalty liability)	
7. III W. Jackson Blvd., Suite 2400, Chicago, IL 60604			
	(Principal	office address)	
	(Current mailing	address, if different)	
Name and stre	et address of Florida registered agent: (P.O.	Box. NOT acceptable)	
Name:	Corporation Service Company	<u>.</u> .	
ffice Address:	1201 Hays Street	<u></u>	
	Tallahassee	, Florida	
	(City)	(Zin code)	

10. 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)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Address: ____ -Director: _____ **B. OFFICERS** PLEASE SEE ATTACHED President: Address: Vice President: Address: ထ ū Secretary: Address: _ Treasurer: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 4-12-18 arano Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jill H. Karana, Assistant Secretary

(Typed or printed name and capacity of person signing application)

13. _____

THYSSENKRUPP NORTH AMERICA, INC..

Application by Foreign Corporation for Authorization to Transact Business in Florida

Attachment

11. Name and business address of signing officer:

OFFICER:

Jill H. Karana	111 W. Jackson:Blvd.
Assistant Secretary	Suite 2400
	Chicago, IL 60604



Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THYSSENKRUPP 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 SEVENTEENTH DAY OF APRIL,

A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THYSSENKRUPP NORTH AMERICA, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 1982.

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



Authentication: 202525237

Date: 04-17-18