

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W21000073028				
W21000073028				

Office Use Only



500364775245

05/03/21--01027--018 **70.00



58/1/21

	COVERTEI	IEK		
TO: Registration Section Division of Corporations				
SUBJECT: Wacker Neuso	on America Corporation			
····	Name of corporation - m	nust include suffix		_
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence." or "Certabove referenced foreign corporations."	tificate of Good Standing	g" and check are submitted to		
Please return all correspondence co	oncerning this matter to	the following:		
Mary Stuettgen				
	Name of Pers	son		_
Wacker Neuson Ame	erica Corporation			
	Firm/Compan	ıy		_
N92 W15000 Antho	ny Ave		203	
	Address		<u>ئے</u>	_ • • • • • •
Menomonee Falls, W	/L 53051		Z	27.52 27.52 44.03
	City/State and Z	Zip code		— हुँ स्टाइटी
mary.stuettgen@wac	kerneuson.com		P. P.	7
E-mail a	address: (to be used for f	uture annual report notificatio	m) 55 4 5	— W
For further information concerning	this matter, please call:		- F	
Mary Stuettgen	at (_262)_	257-4186		
Name of Person	Area Code	Daytime Telephone Nun	nber	
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Fl. 32314		
Enclosed is a check for the following Please make check payable to: FLORI	IDA DEPARTMENT OF		.50 Filing Fee,	

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.	Wacker Neuson America Corporation			n	
		rporation; must include "INCORPORATE rp." "Inc." "Co." or "Corp.")	D," "Co	OMPANY," "CORPORATION,"	
	(If name unavaila	ble in Florida, enter alternate corporate nan	ne adopt	ed for the purpose of transacting b	usiness in Florida)
2.	Wisconsin		3	39-0919645	
	(State or country	under the law of which it is incorporated)		(FEI number, if applic	able)
4	02/07/1957		5		
5.	Transacted bus	of incorporation) iness under Wacker Neuson Sales Americas Neuson America Corporation as of March	s LLC F	(Date of duration, if other than EIN #27-3308524 until 2/28/2021.	perpetual)
7		(Date first transacted business (SEE SECTIONS 607.1501 & 607 2 W15000 Anthony Ave, Menomonee Fall	s in Flor .1502, F	S., to determine penalty liability)	2021 J
		(Principal o	ffice <u>str</u>	eet address)	₩-7
•		(Current mai	ling add	ress, if different)	PM L
\$.	Name and street	address of Florida registered agent: (F	P.O. Bo	x <u>NOT</u> acceptable)	F. 54
	Name:	Corporation Service Company			
Эf	fice Address:	1201 Hays Street			
		Tallahassee		, Florida 32301	

9. 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.

Roxanne Turner, Asst. VP

(Registered agent's signature)

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.

Name: Gert Reichetseder	□Chairman	Name: Reinhardt Fritsch		
Address:N92 W15000 Anthony Ave	□Vice Chairman	Address: N92 W15000 Anthony Ave.		
Menomonee Falls, WI 53051	□Director	Menomonee Falls, WI 53051		
President & CEO North America	□President			
	□ Vice President			
□Treasurer	☐ Secretary	□Treasurer		
□Other	□Other <u>CF</u>	□Other		
Name:	□ Chairman	Name:		
Address:	□ Vice Chairman	Address:		
	□Director			
	□President			
	□ Vice President			
□Treasurer	□ Secretary	□ Treasurer 21		
Other	□Other			
Name:	□Chairman	Name:		
Address:	□ Vice Chairman	Address:		
	Director			
	□President			
	□ Vice President			
□Treasurer	☐ Secretary	□Treasurer		
Uther	□Other	□ Other		
Signature of Directer ctor signing this document (and who is listed in nun	tment of State Annual Re or or Officer aber 11 above) affirms th	eport form. The facts stated herein are true and that he or		
	Address: N92 W15000 Anthony Ave: Menomonee Falls, W1 53051 President & CEO North America Treasurer Other Name: Address: Other Se an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct Signature of Direc	Address: N92 W15000 Anthony Ave. Director Menomonee Falls, W1 53051 Director President & CEO North America Dresident Director Dother CY Dother Dother CY Name: Director Director Director Director Director Director Director Director Dother Dother Dother Dother Dother Dother Name: Director Dother Dother Dother Dother Name: Director Dother Name: Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Dother Signature of Director or Officer Signature of Director or Officer Signature of Director or Officer State constitution State constit		

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

WACKER NEUSON AMERICA CORPORATION

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 07, 1957.

I further certify that said corporation or limited liability company has, within its most recently sampleted report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0128. Wis. Lats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 20, 2021.

PATTI EPSTEIN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2021

MARY STUETTGEN N92 W15000 ANTHONY AVE MENOMONEE FALLS, WI 53051 US

SUBJECT: WACKER NEUSON AMERICA CORPORATION

Ref. Number: W21000073028

We have received your document for WACKER NEUSON AMERICA CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing officer title for Reinhardt Fritsch. = CFO

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RECTAL

Letter Number: 221A00010817