F21000003859

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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Name:	Date: 0	7/08/2021	
Entity Name: KELLERMANN NORTH AMERICA, INC. Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$70.00			
✓ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☐ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other	Reference #:_	1416249	
Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$70.00	Entity Name:_	KELLERMA	NN NORTH AMERICA, INC.
Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$70.00		,	zation to Transact Business
Conversion Merger Dissolution/Withdrawal Fictitious Name Other Authorized Amount: \$70.00	Change	of Agent	
☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other	_		
Other		ion/Withdrawal	
E · M			
	Authorized Am	ount: \$70.00	

F: 800.944.6607

P: +852.2682.9633



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			mann North A				
(En	nter name of co	rporation; must include "INCC orp," "Inc," "Co," or "Corp.")	RPORATED," "(COMPANY,	"CORPORATIO	N,"	_
•••	e., co., cc	лр, me. со, от сыр. <i>)</i>					
(If	name unavaila	ble in Florida, enter alternate co	orporate name ado	pted for the p	uгроse of transact	ing business in Florid	 a)
		Delaware		applied for			
(S	(State or country under the law of which it is		corporated)		(FEI number, if a	applicable)	
4		July 7 , 2021 of incorporation)	5.				
	(Date o	of incorporation)		(Date o	of duration, if other	er than perpetual)	
6	-		n/a				
		(Date first transac (SEE SECTIONS 607.	ted business in Flo 1501 & 607.1502,	orida, if prior F.S., to deter	to registration) mine penalty liab	ility)	_
7		4850 Tamiami Trail	North , Suite 3	01, 3. Na _l	oles, FL 3410	3	
			(Principal o	ffice address)	<u></u> .	_
			<u> </u>				
		(Current mailing ac	ldress, if diffe	erent)		
8. Nar	ne and <u>street</u>	address of Florida registere	d agent: (P.O. B	ox <u>NOT</u> ac	ceptable)		
	Name:	COGENCY GLO	BAL INC.	_		2021 SEC	
Office	Address:	115 North Calhoun S	treet, Suite 4	_			
		Tallahasse	ee	. Florida	32301		1
		(City)	ee	_	(Zip code)		 3
		t's acceptance:				-9 AH 9: 0 NASSEE, FL	المسيدة
naving designa	g been named ated in this a	d as registered agent and to pplication, I hereby accept	accept service of the appointment	f process fo as registeri	r the above state ed agent and ag	ed corporation at t h	e place
juriner	ragree to con	nply with the provisions of niliar with and accept the o	all statutes relati	ive to the pr	oper and compl	ete performance of	пасну. 1 `ту
		<	Shannon	m m	rddox		
			(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Ludger W. Hemesath Director: 6419 Waverly Green Way, Naples FL 34110 Director: Address: **B. OFFICERS** Ludger W. Hemesath President: _____ 6419 Waverly Green Way, Naples FL 34110 Ludger W. Hemesath Vice President: 6419 Waverly Green Way, Naples FL 34110 Ludger W. Hemesath Secretary: 6419 Waverly Green Way, Naples FL 34110 Address: _____ Ludger W. Hemesath Treasurer: 6419 Waverly Green Way, Naples FL 34110 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Ludger W. Hemesath

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KELLERMANN 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 EIGHTH DAY OF JULY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KELLERMANN NORTH AMERICA, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 2021.

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

Authentication: 203626075

Date: 07-08-21

6065814 8300 SR# 20212654110