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(Requestor's Name)				
(Address)				
(2001633)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

Division of Corporations				
SUBJECT:	BERCO OF AMERICA, INC.			
	Name of corporation	- must include suffix		
Dear Sir or Ma	ıdam:			
"Certificate of		Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.		
Please return a	Il correspondence concerning this matter	to the following:		
ASHLEY GRUT				
	Name of I	Person		
DINSMORE &.S				
	Firm/Com	pany		
222 W. ADAMS	ST., SUITÉ 3400			
	Addre	SS		
CHICAGO, IL 6	0606			
	City/State at	nd Zip code		
sop(a eseglob				
	E-mail address: (to be used f	or future annual report notification)		
For further inf	ormation concerning this matter, please c	all:		
ASHLEY GRUT	TKE at (312	837-4362		
Name	of Person Area Code	Daytime Telephone Number		
Regist Divisi The C 2415 i	ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a c Please make che	check for the following amount: cck payable to: FLORIDA DEPARTMENT ng Fee	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If none vigorial)	able in Clorida, enter alternate comparate popular	lopted for the purpose of transacting business in Florida)
ILLINOIS	•	
(State or country	ry under the law of which it is incorporated)	(FEI number, if applicable)
(I)ate	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in I (SEE SECTIONS 607.150! & 607.150	Porida, if prior to registration) 2. F.S., to determine penalty liability)
W229 N1420 W	ESTWOOD DE WALKESHA WI SILSK	
	(Principal office	street address)
	(Current mailing	address, if different)
		D. NOT.
Name and stre	et address of Florida registered agent: (P.O.	BOX NOT acceptable)
Name:	Corporation Service Company	~
	1201 Hays Street	
ffice Address:		
ffice Address:	Tallahassee	171i.da 32301
ffice Address:	Tallahassee (City)	, Florida 32301 (Zip code)

(Registered agents signature)

and I am familiar with and accept the obligations of my position as registered agent.

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

DocuSign Envelope ID: 4231CCC3-3DCD-492B-9774-F46804065797

A. DIRECTORS

Chairman	Name: EARL KANSIER	□ Chairman	Name: MARCELO DO PRADO			
□Vice Chairman	Address: 3331 WEST BIG BEAVER RD.	□Vice Chairman	Address: 1000 LYNCH RD.			
□Director	SUITE 300	Director	DANVILLE, IL			
□President	TROY, MI	President	61834			
□Vice President	48084	□Vice President				
☐Secretary	☐ Treasurer	Secretary	☐ Treasurer			
Other	□()ther	Other	□Other			
□Chairman	THOMAS L. COURSEY Name: 1000 LYNCH RD. Address: DANVILLE, IL 61834	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	KATARZYNA DYGAS Name: 9450 SW GEMINI DRIVE Address: SUITE 28424 BEAVERTON, OR 97008-7105			
□ Chairman	Name:	l'IChairman	Name: DAVID SCHOFIELD			
	9450 SW GEMINI DRIVE	□Vice Chairman	Address: 9450 SW GEMINI DRIVE			
Director	SUITE 28424	Director	SUITE 28424			
[]President	BEAVERTON, OR	☐ President	BEAVERTON, OR			
□ Vice President	97008-7105	LIVice President	97008-7105			
I_ISceretary	□Treasurer	□ Secretary	ClTreasurer			
-	ECRETA	TAX OF	FICER			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be abded to the index when filing your Florida Department of State Annual Report form. 12. 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.

13. JILL H. KARANA, ASSISTANT SECRETARY

Attachment A

to

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#11 – ADDITIONAL OFFICERS OF BERCO OF AMERICA, INC.

Name:

SARA BOER

Address:

9450 SW GEMINI DRIVE,

SUITE 28424,

BEAVERTON, OR 97008-7105, USA

Other – Tax Officer

File Number

5018-527-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

BERCO OF AMERICA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 21, 1973, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of JANUARY A.D. 2023

Authentication #: 2302800938 venfiable until 01/28/2024

Authenticate at: https://www.ilsos.gov

Ally Glanard