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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
				



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SECRETARY OF STATE

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T. LEMIEUX FEB - 2 2024

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hilscher North America Inc.	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this ma	atter to the following:
Najeeb Yarkhan	
Namo	e of Person
Hilscher North America Inc	
Firm/	Company
2525 CABOT DRIVE SUITE 200	
A	ddress
LISLE, Illinois 60532	
	ite and Zip code
NYarkhan@hilscher.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Najeeb Yarkhan at (630) S05-5301
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT 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.

. .

	11 ' Florida consentament	a annuarita nama ada	opted for the purpose of transacting	husiness in Florida)	
	ante in riorida, enter atternad			musiness in Frontag	
2. Delaware	y under the law of which it is		2-3876145 (FEI number, if app	licable)	
•	•	s incorporated)			
4. September 9 20		5	(Date of duration, if other th		
(Date	e of incorporation)		(Date of duration, if other in	an perpetuar)	
6. October 1 2023					
			lorida, if prior to registration) , F.S., to determine penalty liability	y)	
7, 2525 Cabot Driv	e, Suite 200 Lisle, Illinois 60)532		<i>t</i> n ~	
		(Principal office	street address)	400 624.	
		(Current mailing a	ddress, if different)	JAN -5	-TI
8. Name and stre	et address of Florida regist	ered agent; (P.O. E	Box NOT acceptable)	100 P	IL ED
Name:	Corporation Service Com	pany		္ ဟု မ	, –
Office Address:	1201 Hays Street.			E. T. STATE	n.
	Tallahassee		, Florida 32301		
	(City)		(Zip code)		
Having been nan designated in this further agree to c	application, I hereby acc	ept the appointments of all statutes rela gations of my positi	of process for the above stated at as registered agent and agree ative to the proper and complete ion as registered agent.	e to act in this capacity	p. I

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Name: ______ Name: _____ □Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: Director □ Director Hans Hilscher □ President ☐ President □Vice President □Vice President □ Treasurer □Treasurer □ Secretary Secretary ☐Other Oliver Paffenholz Other Sebastian Hilschei □Other _____ □Other _____ Name: ______ Name: _____ □ Chairman ☐ Chairman Address: □Vice Chairman Address: _____ □Vice Chairman □Director Director []President □President □Vice President □Vice President □Treasurer □ Treasurer □ Secretary □Secretary Other _____ Other ____ Other _____ □Other ___ ☐ Chairman Name: ______ □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: _____ Director Director □ President ☐ President ☐ Vice President □Vice President □Treasurer ☐ Secretary □ Treasurer □ Secretary Other _____ Other ____ Other ____ 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 added to the index when filing your Florida Department of State Annual Report form. 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.

(Typed of printed mime and capacity of person signing application)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HILSCHER 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 NINTH DAY OF NOVEMBER, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HILSCHER NORTH AMERICA, INC." WAS INCORPORATED ON THE NINTH DAY OF SEPTEMBER, A.D. 2002.



Authentication: 204561074

Date: 11-09-23