

F240000004814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

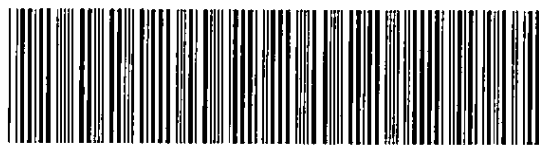
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300435713603

RECEIVED

2024 SEP 12 AM 11:06

CLERK OF SUPERIOR COURT
JANUARY 12, 2024

FILED

2024 SEP 12 PM 5:29

SEP 12 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 09/11/24
Order #: 1621865-5
Re: Cummins Filtration Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the enclosed items list.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUMMINS FILTRATION INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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 DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 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.*

1. CUMMINS FILTRATION INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. INDIANA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/21/1973 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)
6. 08/01/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 26 CENTURY BLVD. STE 500, NASHVILLE, TN 37214
(Principal office street address)
- SAME
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2024 SEP 12 PM 5:29

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.

Corporation Service Company

By: 

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

A. DIRECTORS

☐ Chairman Name: STEPHANIE DISHER
☐ Vice Chairman Address: 26 CENTURY BLVD
☒ Director STE 500
☒ President NASHVILLE, TN 37214
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: JACK M. KIENZLER
☐ Vice Chairman Address: 26 CENTURY BLV
☒ Director STE 500
☐ President NASHVILLE, TN 37214
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

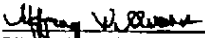
☐ Chairman Name: GREGORY HOVERSON
☐ Vice Chairman Address: 26 CENTURY BLVD
☐ Director STE 500
☐ President NASHVILLE, TN 37214
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CTO ☐ Other _____

☐ Chairman Name: HEIDI NEAL
☐ Vice Chairman Address: 26 CENTURY BLVD
☐ Director STE 500
☐ President NASHVILLE, TN 37214
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CIO ☐ Other _____

☐ Chairman Name: RENEE SWAN
☐ Vice Chairman Address: 26 CENTURY BLVD
☐ Director STE 500
☐ President NASHVILLE, TN 37214
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other CPO ☐ Other _____

☐ Chairman Name: RAKESH GANGWANI
☐ Vice Chairman Address: 26 CENTURY BLVD
☐ Director STE 500
☐ President NASHVILLE, TN 37214
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. 
Tiffany Williams (Sep 10, 2024 15:14 CDT)

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. TIFFANY B. WILLIAMS, ASSISTANT CORPORATE SECRETARY

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

ITEM 10

PERSONS WITH CONTROL OF CUMMINS FILTRATION INC.

NAME	TITLE	BUSINESS ADDRESS
PAUL MASSEY	VP, SUPPLY CHAIN	26 CENTURY BLVD, STE 500, NASHVILLE, TN 37214
CHARLES MASTERS	VP, ENGINE PRODUCTS	26 CENTURY BLVD, STE 500, NASHVILLE, TN 37214
TIFFANY B. WILLIAMS	DIRECTOR, ASSISTANT CORPORATE SECRETARY	26 CENTURY BLVD, STE 500, NASHVILLE, TN 37214
MATTHEW SULLIVAN	TREASURER	26 CENTURY BLVD, STE 500, NASHVILLE, TN 37214

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

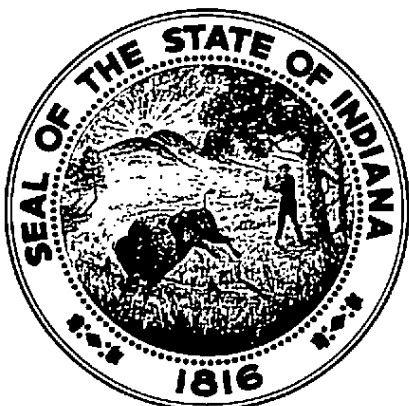
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CUMMINS FILTRATION INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 1973, and was in existence or authorized to transact business in the State of Indiana on September 11, 2024.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 11, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

197312-426 / 20243967043

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 11, 2024.