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S. CHATHAM

FILED STATE SECRETARY OF STATE DIVISION OF CORPORTATIONS

2022 NOY -7 PH I2: 45

		C	OVER LETTE	ER	
	w Filing Sectivision of Corp				
SUBJECT:		Fuchs North America	LLC		
SUBJECT.		Name of L	imited Liability	y Company	
The enclose	d Articles of O	rganization and fee(s)	are submitted fo	or filing.	
Please return	n all correspon	dence concerning this r	natter to the fo	llowing:	
	Sara W. Diehl				
			Name of P	erson	<del></del>
	Katten Muchir	Rosenman LLP			
•			Firm/Com	pany	
	525 W. Monro	e St., Ste. 1900			
•			Addres	S	
	Chicago, IL 60	1661			
•			City/State and	Zip Code	<del>,</del>
<u>s</u> -	ara.diehl@katt				
	E-ı	nail address: (to be use	d for future an	nual report notificati	on)
For further in	formation conc	erning this matter, plea	se call:		
<u>:</u>	Sara W. Diehl	· ·	312)	577-8501	
	Name (	of Person .		Daytime Telephon	e Number
Enclosed is	a check for the	following amount:			
□\$125.00 I	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: November 07, 2022		Account#: 12000000008
Name: David	Shulman	
Reference #:		
Entity Name:	THOMAN AND FUCI	HS NORTH AMERICA LLC
Articles of Incom	poration/Authorization to	Transact Business
Amendment		
Change of Age	nt	ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
☐ Merger		
☐ Dissolution/Wit	hdrawal	
☐ Fictitious Name		
Other		
Authorized Amour	nt: <b>\$125.00</b>	
Signature:	David Shalman	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Thoman and Fuchs North America LLC				
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
8283 Baymeadows Road East	8283 Baymeadows Road East			
Suite/APT 1217	Suite/APT 1217			
Jacksonville, FL 32256-3058	Jacksonville, FL 32256-3058			

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

115 North Calhoun Street, Suite 4

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Cogency Global, Inc.

Tallahassee

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Name

Florida street address (P.O. Box NOT acceptable)

/s/ Jori Wallace, Assistant Sect.

Registered Agent's Signature (REQUIRED)

DTI	71	Ľ	137	

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Membe	Г	
"MGR" = Manager		
MGR	Robert Thoman 8283 Baymeadows Road East, Suite/APT 1217	
	Jacksonville, FL 32256-3058	
		<del></del>
MGR	Gustav Nils Fagerlind	
3.4511	8283 Baymeadows Road East, Suite/APT 1217 Jacksonville, FL 32256-3058	—> ⊻ა
	Jacksonville, Fl. 32256-3058	<b>S</b> 855
		<b>▼</b> 1 年代
MGR	Ray A. Ishaq	<del>`</del>
	8283 Baymeadows Road East, Suite/APT 1217 Jacksonville, FL 32256-3058	<u>一</u> 変。 ひだり
	Jacksonville, FL 32230-3038	(-1)
		SIAIL RATIC
		<u> </u>
		—
(1)		
(Use attachment if necessary)		
ARTICLE V: Effective date if other than	the date of filing: November 7, 2022 12:01AM EST. (OPTIONAL)	
	ist be specific and cannot be more than five business days prior to or	90 days after
the date of filing.)		•
	oes not meet the applicable statutory filing requirements, this date will	not be listed as
the document's effective date on the Dep	artment of State's records.	
ARTICLE VI: Other provisions, if any.		
DCARDED CICAL TUDE		
REOUIRED SIGNATURE:		

Sara Diehl, Authorized Representative

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any 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.