

MO10000001589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

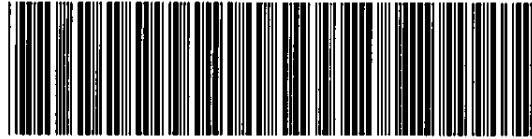
(Document Number)

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[Handwritten Signature]

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FILED
07 JAN 30 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07 JAN 30 AM 11:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
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January 30, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
07 JAN 30 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6837469 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

OshKosh Specialty Vehicles, LLC (TX)
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Oshkosh Specialty Vehicles, LLC
2. Jurisdiction of its organization: Texas
3. Date authorized to do business in Florida: 7/16/2001

SECTION II (4-7 complete only the applicable changes)

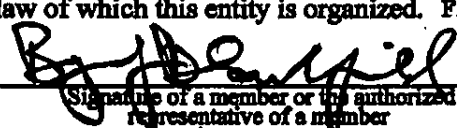
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Principal Office: 16745 S. Lathrop Avenue, Harvey, IL 60426

Members (1) AK Acquisition Corp. 2307 Oregon Street, Oshkosh, WI 54902

(2) Prime Medical Manufacturing, LLC 16745 S. Lathrop Avenue, Harvey, IL 60426

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Filing is not required in domestic state.



Signature of a member or the authorized representative of a member

Bryan J. Blankfield, Manager

Typed or printed name of signer

Filing Fee: \$25.00

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for Oshkosh Specialty Vehicles, LLC (filing number: 702996722), a Domestic Limited Liability Company (LLC), was filed in this office on October 03, 1997.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 26, 2007.



A handwritten signature in black ink, reading "Roger Williams".

Roger Williams
Secretary of State