

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000240790 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for futbres annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CMALL	ALLESS .			

#### Foreign Limited Liability Company KRAEMER NORTH AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

**DCT 1 5 2014** A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER	
	Registration Section Division of Corporations	
SUBJEC	T: Kraemer North America, LLC	
	Name of Limited Liability Company	· <b></b>
The enclo Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flore, and check are submitted to register the above referenced foreign limited liability company to transact	rida," Certificate business in Flor
Picase ret	turn all correspondence concerning this matter to the following:	
	Diana Bruner Name of Person	
	Name of Person	
	Axley Brynelson, UP	
	! Firn/Company	<u></u>
	2 E Mifflin St. Suite 200	
	Address	1
	Madison, 121 53703	
·	City/State and Zip Code	
	speterson@edkraemer.com	野与
	E-mail address: (to be used for future annual report notification)	<del></del>
Por furthe	er information concerning this matter, please call:	
~		
Ţ	Name of Contact Person Area Code Daytimo Telephone Number	
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
	Registration Section Registration Section	
-	P.O. Box 6327 Clifton Building	
Ţ	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following amount:	
ι	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee Certificate of Status Certified Copy of Status & Certified	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY ISINESS IN THE STATE OF BY ORDAY.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	.')	_
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The atternate name musblity Company," "L.L.C," or "LLC.")	st include "L	
•	<u> </u>	6135 5-3
Delaware 3, 47-2031815  [Jurisdiction under the law of which foreign limited liability (FEI number, if nonlicable)	<u></u>	
Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	4."	<u></u>
Upon Qualification	1 ~ t <sub>1</sub> 2 ~ d.	
(Date first transacted business in Marida, if notes to registration)	101-	<b>-</b>
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		3
One Plainview Road, Plain, WI 53577	_ r <sup>2</sup> v <sub>2</sub>	==
	3.25	
(Street Address of Principal Office)	Ears	
(community of the community of the commu		
(Mailing Address)	- <u>-</u>	_
The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	_
The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	<del>-</del> -
(Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage cont Peterson, Manager, One Plainview Road, Plain, WI 53577  Attached is an original certificate of existence, no more than 90 days old, duly authenticated twing custody of records in the jurisdiction under the law of which it is organized. (A photococcptable. If the certificate is in a foreign language, a translation of the certificate under oath ust be submitted)	I by the of	
The name, title or capacity and address of the person(s) who has/have authority to manage on Peterson, Manager, One Plainview Road, Plain, WI 53577  Attached is an original certificate of existence, no more than 90 days old, duly authenticated ving custody of records in the jurisdiction under the law of which it is organized. (A photocomptable. If the certificate is in a foreign language, a translation of the certificate under oath just be submitted)	I by the of	
The name, title or capacity and address of the person(s) who has/have authority to manage on Peterson, Manager, One Plainview Road, Plain, WI 53577  Attached is an original certificate of existence, no more than 90 days old, duly authenticated ving custody of records in the jurisdiction under the law of which it is organized. (A photocopable. If the certificate is in a foreign language, a translation of the certificate under oath ust be submitted)  Signature of an authorized person eccordance with section 505.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the	by the of opy is not of the train	nslatoi
The name, title or capacity and address of the person(s) who has/have authority to manage on Peterson, Manager, One Plainview Road, Plain, WI 53577  Attached is an original certificate of existence, no more than 90 days old, duly authenticated ving custody of records in the jurisdiction under the law of which it is organized. (A photocomptable. If the certificate is in a foreign language, a translation of the certificate under oath just be submitted)	by the of opy is not of the train	nslatoi

1

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

funavailable, the alternate to be used in the state of Florida is:	
. The name and the Florida street address of the registered agent and office are:	\$10 \$20 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1
C T Corporation System	្រាជ
(Name)	— (គី) ភព្
	書名
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	<del>-</del>
Plantation FL 33324	_
City/State/Zip	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KRAEMER NORTH AMERICA, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5616204 8300

141262155

You may verify this certificate online at corp. deleware.gov/authver.shtml

jelfroy W. Bullock, Secretary of State

DATE: 10-07-14