

2/23/2021

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
Oshkosh Commercial Products, LLC

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Electronic Filing Menu Corporate Filing Menu

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3/1/21

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 BUSINESS IN THE STATE OF FLORIDA:

1. Oshkosh Commercial Products, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Wisconsin 47-1790743
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 501.0904 & 605.0905, F.S. to determine penalty liability)

5. 2307 Oregon Street PO Box 2566
(Street Address of Principal Office) (Mailing Address)
Oshkosh, WI 54902 Oshkosh, WI 54903-2566

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 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.

By: Margaret E. Routzahn
(Registered agent's signature)
Margaret E. Routzahn, Special Ass't Secy


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Oshkosh Corporation	<input type="checkbox"/> Manager	Name: Wilson R. Jones
<input checked="" type="checkbox"/> Member	Address: 1917 Four Wheel Drive	<input type="checkbox"/> Member	Address: 1917 Four Wheel Drive
<input type="checkbox"/> Authorized	Oshkosh, WI 54902	<input type="checkbox"/> Authorized	Oshkosh, WI 54902
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Michael E. Pack	<input type="checkbox"/> Manager	Name: R. Scott Grennier
<input type="checkbox"/> Member	Address: 1917 Four Wheel Drive	<input type="checkbox"/> Member	Address: 1917 Four Wheel Drive
<input type="checkbox"/> Authorized	Oshkosh, WI 54902	<input type="checkbox"/> Authorized	Oshkosh, WI 54902
Person		Person	
<input checked="" type="checkbox"/> Other EVP & CFO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other SVP & Treasurer	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Ignacio A. Cortina	<input type="checkbox"/> Manager	Name: Bradley M. Nelson
<input type="checkbox"/> Member	Address: 1917 Four Wheel Drive	<input type="checkbox"/> Member	Address: 524 E. Highway Street
<input type="checkbox"/> Authorized	Oshkosh, WI 54902	<input type="checkbox"/> Authorized	Dodge Center, MN 55927
Person		Person	
<input checked="" type="checkbox"/> Other EVP & Secretary	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person
Ignacio A. Cortina, Executive Vice President and Secretary

Typed or printed name of signer

United States of America
State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

OSHKOSH COMMERCIAL PRODUCTS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 05, 2014.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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OFFICE OF THE CLERK OF THE CIRCUIT COURT
STATE OF WISCONSIN
JANESVILLE



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 22, 2021.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions