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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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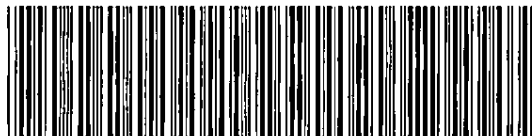
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THYSSENKRUPP PRESTA NORTH AMERICA, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WALTER LANZA

Name of Person

DINSMORE & SHOHL LLP

Firm/Company

900 WILSHIRE DRIVE, SUITE 300

Address

TROY, MI 48084

City/State and Zip Code

WALTER.LANZA@DINSMORE.COM

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

For further information concerning this matter, please call:

WALTER LANZA

Name of Contact Person

248

at ()

Area Code

203-1634

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. THYSSENKRUPP PRESTA NORTH AMERICA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE 3. 65-1192039
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1597 EAST INDUSTRIAL DRIVE 6. 1597 EAST INDUSTRIAL DRIVE
(Street Address of Principal Office) (Mailing Address)
TERRE HAUTE, IN 47802 TERRE HAUTE, IN 47802
TALLAHASSEE, FL

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(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.

Corporation Service Company

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: YASHAR KAZEMI

☐ Member Address: 1597 E. INDUSTRIAL DR.

☐ Authorized TERRE HAUTE, IN 47802

Person _____

☒ Other PRESIDENT ☐ Other _____

☐ Manager Name: KATARZYNA GYGAS

☐ Member Address: 9450 SW GEMINI DR.

☐ Authorized SUITE 28424

Person BEAVERTON, OR 97008-7105

☒ Other SECRETARY ☐ Other _____

☐ Manager Name: SARA BOER

☐ Member Address: 9450 SW GEMINI DR.

☐ Authorized SUITE 28424

Person BEAVERTON, OR 97008-7105

☒ Other TAX OFFICER ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: EARL KANSIER

☐ Member Address: 1597 E. INDUSTRIAL DR.

☐ Authorized TERRE HAUTE, IN 47802

Person _____

☒ Other CHAIRMAN ☒ Other TREASURER

☐ Manager Name: JILL H. KARANA

☐ Member Address: 9450 SW GEMINI DR.

☐ Authorized SUITE 28424

Person BEAVERTON, OR 97008-7105

☒ Other ASSISTANT SECRETARY ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

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.

DocuSigned by:

Jill H. Karana

248564760140406

Signature of an authorized person

JILL H. KARANA, ASSISTANT SECRETARY

Delaware

The First State

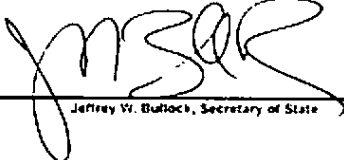
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THYSSENKRUPP PRESTA NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THYSSENKRUPP PRESTA NORTH AMERICA, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State