

P98000092792

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-11/17/98--01003--005

*****78.75 *****78.75

SUBJECT:

JLG PRODUCTS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

JERRY L. GREBB

Name (Printed or typed)

PO Box 906

Address

TRILBY, FL 3359

City, State & Zip

352/583-6370

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV 16 PM 3:46

FILED

Dmc
11/16/98

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JLG PRODUCTS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Dade City

PO Box 906
TRILBY, FL 33593

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

30

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

for same as below, Incorporator

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JERRY GREBB
21710 HS Hwy 98 #5
Dade City, FL 33523

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent

Date