

F24000003380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

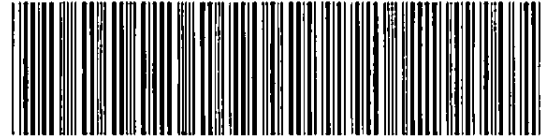
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HALLMARK BUILDING



JUN 24 2024

K. Brumbley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/20/2024

Acc#120160000072

en: c DW

Name:	DeLaval Inc.
Document #:	
Order #:	15650669

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☐
	Plain: ☒
	COGS: ☐

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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeLaval Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DELAVAL INC

Name of Person

Firm/Company

11100 N CONGRESS AVE

Address

KANSAS CITY, MO 64153

City/State and Zip code

KIM.SMITH@DELAVAL.COM

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

For further information concerning this matter, please call:

KIM SMITH

at (816) 891-1538

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DeLaval Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 22-2734539
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/1985 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11100 N Congress Ave
(Principal office street address)

Kansas City, MO 64153
(Current mailing address, if different)

8. 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 FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

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

C T Corporation System
By: SEAN L. EMERICK, ASSISTANT SECRETARY
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Fernando Cuccioli

☐ Vice Chairman Address: 1182 Mayfair Ln

☒ Director Glencoe, IL 60022

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Steven Harris

☐ Vice Chairman Address: 4849 W Sharon Lane

☒ Director Franklin, WI 53132

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

Vice President Commercial

☐ Chairman Name: Marcos Oliverria

☐ Vice Chairman Address: 16850 NW 133rd Terrace

☒ Director Platte City, MO 64079

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

Vice President and Controller

☐ Chairman Name: Tatiana Repelin

☐ Vice Chairman Address: 409 Ridgeland Avenue

☐ Director Elmhurst, IL 60126

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

Vice President Human Resources

☐ Chairman Name: Jeff Fine

☐ Vice Chairman Address: 13155 Woodridge

☐ Director Platte City, MO 64079

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

Vice President Supply Chain

☐ Chairman Name: Katherine Sams

☐ Vice Chairman Address: 2067 Simpson Street

☐ Director Evanston, IL 60201

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

Vice president, Chief Legal
Counsel & Secretary

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.

12. Marcos Oliveira 6/14/2024

5089980/D75B400... Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MARCOS OLIVEIRA

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DELAVAL INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

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



2075870 8300

SR# 20242876628

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203711285

Date: 06-14-24