

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1432453.09

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/24/2025 3:23 PM Fee Receipt: \$90.00

D O D 740	
P.O. Box 718	_
Frankfort, KY 40602	
(502) 564-3490	
www.sos.ky.gov	

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		rtificate of Authority reign Business Entity)		FBE
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	 030 the undersigned h ving statements: 	ereby applies for authority to tra	nsact business in Kenti	ucky on behalf of the entity named below
The entity is a: X profit corpor business tru limited partn non-profit lice	nonprofit corporation limited liability company ltd cooperative association professional service corporation	ability company statutory trust other onal service corporation		
2. The name of the entity is John Dee		to the name on record in the	state where the entity	was formed.)
3. The name of the entity to be used in):		•
4. The state or country under whose la	us the entity is expensed i		line 2 is unavailable fo	or use; otherwise, leave blank.)
		<u>s Isolamaro</u>	*****	·
5. The date of organization is 06/16/196. The mailing address of the entity's p		and the period of	duration is (If left blank	, duration is considered perpetual.)
One John Deere Place	vinoipar cineo is	Moline	IL_	61265
Street Address		City	State	Zip Code
The street address of the entity's reg306 W. Main Street, Suite 512	gistered office in Kentucky	is Frankfort	KY	40601
Street Address (No P.O. Box Number	rs)	City	KI	State Zip Code
and the name of the registered agent a	t that office is CT Corp	oration System		
8. The names and business addresses			ectors, managers, trusto	ees or general partners):
Edward R. Berk	1 John Deere P	lace Moline	IL	61265
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
and treasurer are licensed in one or mostatement of purposes of the corporation. 10. I certify that, as of the date of filing the statement of purposes of the corporation. 11. If a limited partnership, it elects to be the statement of all limited liability company, check. 12. If a limited liability company, check. 13. This entity is a retailer of authorized. Signature of Authorized Representative. I, C T Corporation System.	ore states or territories of ten. this application, the above the a limited liability limited the box if manager-mana	he United States or District of Control of C	er the laws of the jurisd applicable:	iction of its formation.
Type/Print Name of Registered Agent By: CT Corporation Syste	m			
By: Corporation Systems Signature of Registered Agent	on Mi	chele Miller	Asst. Secretary	2/21/2025 Date
ordinardie of tredistrier wheth	Fill	Avu manie	1100	Pate



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "JOHN DEERE CONSTRUCTION & FORESTRY

COMPANY" 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

TWENTY-FIRST DAY OF FEBRUARY, A.D. 2025.

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.

SIN JARY'S OF CALL

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 202996796

C. G. Sanchez

Date: 02-21-25