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State of Rhode Island and Providence Pl Department of State - Busine			2017 AUG
Certificate of Authority			
OREIGN Corporation			· · · · ·
-> Filing Fee: \$310.00 minimum			Ť
Pursuant to the provisions of RIGL <u>7-1.2-1405</u> pplies for a Certificate of Authority to transac or that purpose submits the following stateme	t business in the State of Rhode Island	hereby I, and	1:25
1. The name of the corporation is:	· · · · · · · · · · · · · · · · · · ·	······	
Monroe Tractor & 1	mplement Co., In	с.	
2. It is incorporated under the laws of:	w York State		
3. The name, if different, which it elects to us			
corporation will qualify and transact business filed with this application:		aous Dusiness Meme O	latement to be
And the period of its duration is: CHECK ON	UN DER 9, 1961 ILY ONE BOX		
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And the period of its duration is: CHECK ON And the period of its duration is: CHECK ON Date certain for dissolution 5. The address of its principal office is: OC H&	NI Lehigh Station nrietta, NY 144	R.090	
And the period of its duration is: CHECK ON And the period of its duration is: CHECK ON Perpetual (on-going) Date certain for dissolution	ILY ONE BOX >1 Lehigh Station nrietta, NY 144 ared agent/office of in Rhode Island:	R.090 67	
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Date certain for dissolution 5. The address of its principal office is: O(ILY ONE BOX DI Lehigh Station nrietta, NY 144 ared agent/office of in Rhode Island: ic.	R.0 q d 6 η Zip Code 02888	
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Sale, rental and servicing of construction equipment. 8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated); NAME ADDRESS 1001 OSKU IOSLU 1001 Station Rd. 14467 Wilkas Section Rd Henrietta. 1001 aura Check the box to indicate an attachment. 8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated); OFFICE NAME ADDRESS PRESIDENT 1001 Lehiar VICE PRESIDENT TREASURER 1001 le SECRETARY as 1001 nı Check the box to indicate an attachment. 9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: NUMBER OF SHARES CLASS SERIES PAR VALUE OR STATE NO PAR VALUE Par Va. 0 อททธา 10. (a) Estimate, in dollars, the value of all property to be (b) Estimate, in dollars, the value of the corporation's property owned by the corporation for the following year, wherever to be located within Rhode Island during the following year: located: 50,000 000 \$ (c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage. %

11. (a) Estimate, in dollars, the gross amount of business to (b) Estimate, in dollars, the gross amount of business to be be transacted by the corporation during the following year. transacted by the corporation at or from places of business in Rhode Island during the following year. \$ 500,000 000.000 (c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage. .38 % 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document. 13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 90 days from the day of filing)_ Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. Type or Print Name of Authorized Officar Date teloski Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE

if you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MONROE TRACTOR & IMPLEMENT CO., INC. was filed on 11/09/1961, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

- A Certificate of Amendment was filed on 04/07/1966.
- A Certificate of Amendment was filed on 12/11/1968.
- A Biennial Statement was filed 11/09/1992.
- A Certificate of Amendment was filed on 11/19/1996.
- A Biennial Statement was filed 11/22/1999.
- A Biennial Statement was filed 11/02/2001.
- A Biennial Statement was filed 11/14/2003.
- A Biennial Statement was filed 01/10/2006.
- A Biennial Statement was filed 11/19/2007.
- A Biennial Statement was filed 11/05/2009.
- A Biennial Statement was filed 12/19/2011.
- A Biennial Statement was filed 08/09/2017.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of August two thousand and seventeen. 2017 AUG

| PH 1:25

Brendan W Fitzgerald Executive Deputy Secretary of State

WWW.DOS.NY.GOV



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

August 11, 2017 01:25 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

