Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Email Address: managedreports@incorp.com

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

L -8 PM 1:0

FOREIGN PROFIT/NONPROFIT CORPORATION

Grand Appliance, Inc.

| 0 |
|---------|
| 0 |
| 04 |
| \$70.00 |
| |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY Jul -9 2021

Date: 7/8/2021 9:45:47 AM

(((H21000263856 3)))

COVER LETTER

| SUBJECT: | Grand A | ppliance, Inc | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| agbarx.r | Name of ec | orporation - m | ist include suffix | |
| Dear Sir or Mad | fam: | | | |
| "Certificate of I | Application by Foreign Corpor Existence," or "Certificate of C d foreign corporation to trans | Tood Standing | " and check are submitted | ness in Florida," to register the |
| Please return al | Leorrespondence concerning t | his mauer to t | ne following: | |
| | | Karen Gibso | n | |
| | | Name of Pers | ווט | |
| | InC | orp Services | , Inc. | |
| | | Firm/Compan | y | |
| | 3773 Howard | Hughes Park | way Suite 500s | |
| | | Address | | |
| | Las | Vegas, NV 8 | 9169 | |
| | C | ity/State and 2 | ip code | |
| | - | edreports@in | | |
| | E-mail address: (to | he used for f | nture annual report notifie | ation) |
| For further info | ormation concerning this matte | r. please call: | | |
| (aren Gibson fo | r InCorp Services, Inc. | , 702 | 866-2500 | |
| Name | of Person | Area Code | Daytime Telephone ? | Number |
| Registi Divisio The Co 2415 N | entropy of Tallahassee W. Monroe Street, Suite 810 assoc, FL 32303 | | MAH.ING ADDR's Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32 | tions |
| Enclosed is a c Please make che ■ \$70.00 Filir | heck for the following amoun ck payable to: FLORIDA DEPA ng Fee S78.75 Filing F Certificate of S | ARTMENT OF Co. & T. 5 | STATE 78.75 Filing Fee & | 587.50 Filing Fee, Certificate of Status Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(((H21000263856 3)))

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.

| L. | Grand Appliance, Inc. | | | | | |
|--------------|---------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|----------------------|--|--|
| • | (Enter name of ce "Inc" "Co.," "Ce | orporation; must include "INCORPORATED," ` orp," "luc," "Co," or "Corp.") | "COMPANY," "CORPORATION | , | | |
| | | | | | | |
| | (1f name unavaila | ible in Florida, enter alternate corporate name ad | opted for the purpose of transacting | business in Florida) | | |
| 2 | Illinois | 3. | 6-2146854 | | | |
| 2. | (State or country | v under the law of which it is incorporated) | (FEI number, if app | dicable) | | |
| | 05/22/1987 | | | | | |
| 4. | | of incorporation) 5 | (Date of duration, if other th | an perpetual) | | |
| | Unon Registra | • | | | | |
| 6. | ———— | (Date first transacted business in F | Torida (Furiar to registration) | | | |
| | | (SEE SECTIONS 607.1501 & 607.150) | 2, 1·.S., to determine penalty liabilit | y) | | |
| | 10301 Enterni | rise Way, Sturtevant, WI 53177 | | | | |
| 7. | | (Principal office | street address) | | | |
| | | (Time span vivice | SOURCE MANUAL PROPERTY. | | | |
| | | (Gurrant mailing | address, if different) | | | |
| | | (t.unem maning | accident, if thirtereiny | | | |
| | | | n Notes and the | 言って | | |
| S. | . Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptante) | | | |
| | Name: | InCorp Services, Inc. | | TIPE TO F | | |
| | , vicino. | 17888 67th Court North | | 第 m 1 | | |
| \mathbf{C} | Office Address: | | - | 一堂さ | | |
| | | Loxahatchee | , Florida 33470 | PH II OB | | |
| | | (City) | (Zip code) | \$ - a | | |
| ٥ | Donictored and | ent's accentance: | | | | |

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.

ACCULA Services, Inc.

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.

From: GFI FaxMaker

To: 8506176383

Page: 5/6

Date: 7/8/2021 9:45:47 AM

A. DIRECTORS

(((H21000263856 3)))

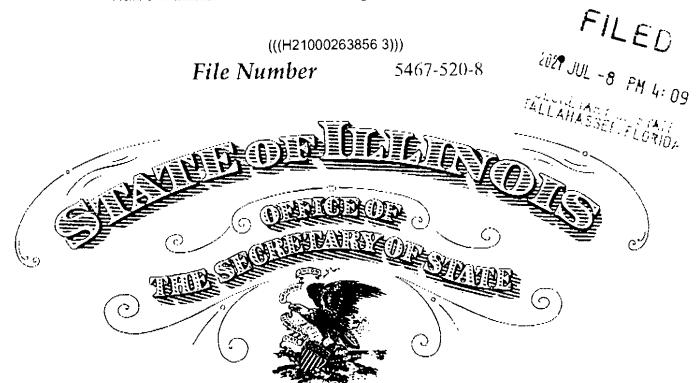
| L I Chairman | Perry W Amadon | 1 IChairman | Mark Reckling Name: 10301 Enterprise Way Address: | |
|--------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|--|
| □Vice Chairman | Address: | □ Vice Chairman | | |
| l IDirector | turtevant, WI 53177 ■ Director | | Sturtevant, WI 53177 | |
| □President | | ■ President | | |
| l IVice President | | 14Vice President | | |
| Secretary | ■ Treasurer | ☐ Secretary | □Treasurer | |
| l l()ther | l l()ther | l lOther | 10ther | |
| □Chairman | Anish Gauri | □ Chairman | Name: | |
| | 10301 Enterprise Way | l IVice Chairman | Address: | |
| Director | Sturtevant, WI 53177 | ☐ Director | | |
| l IPresident | | l IPresident | | |
| ■ Vice President | | □ Vice President | 10:00 | |
| I ISecretary | Hreasurer | LiSecretary | H Fredsjirer 2 | |
| □ Other | □Other | □Other | Other 9 | |
| 1 IChairman | Name: | l 1Chairman | Name: | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | |
| 1 IDirector | | l lDirector | | |
| □President | | □President | | |
| LIVice President | | I IVice President | | |
| □Secretary | □Treasurer | □ Secretary | □Treasurer | |
| UOther | | l l()ther | Other | |
| Important Notice; individuals may | Use an attachment to report more than six (6). The adder to the indeptwhen filing your Florida De | he attachment will be imag partment of State Annual R | ed for reporting purposes only. Non-indexed eport form. | |

12.

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.

Perry W Amadon, Treasurer



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that
GRAND APPLIANCE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE
LAWS OF THIS STATE ON MAY 22, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE
PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS
DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF
ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH

day of

JULY

A.D.

2021

Authentication #: 2118901874 verifiable until 07/08/2022
Authenticate at: http://www.cyberdriveillinois.com

Sesse White

SECRETARY OF STATE