# F10000000386

(Requestor's Name)						
(Ad	ldress)					
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne) .				
(	<b>,</b>	··- <b>,</b>				
	cument Number)					
(DC	oument (validel)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





400163933534

12/28/09--01022--002 \*\*78.75

SECRETARY OF STATE



WH = (432)

#### **COVER LETTER**

TO;	O: New Filing Section Division of Corporations					
SUBJ	ECT:	Central	Power		Distributors	Inc.
		(Na	me of corpor	atio	Drstributors 1 - must include suffix)	
Dear S	Sir or Madam:					
"Certi		ce," and check a	•		Authorization to Transac egister the above referen	et Business in Florida," aced foreign corporation to
Please	return all corres	spondence conce	rning this ma	itter	to the following:	
7	- Ver Ne	Ison				
			(Nam	e of	Person)  In c.  mpany)	
Ce	ontral P	ower Dis	++;6++	۷1,	Inc.	<del></del>
			(Firm	/Cor	npany)	
38	701 Thurs	ton Aver	, re		ess)	
			(A	Addr	ess)	
A.	noka, r	N 553	03		nd Zip code)	
	·		(City/St	ate a	nd Zip code)	
For fu	rther information	n concerning this	matter, plea	ise c	all:	
•	Tyler N	elson	at ( 7.6	<b>3</b>	576-0901 Code & Daytime Teleph	
	(Name of Per	son)	(Aı	rea C	ode & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check fo	r the following a	mount:			
<b>□</b> \$70	0.00 Filing Fee	\$78.75 Filin Certificat	ng Fee & e of Status		\$78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certificate of Status &



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2009

TYLER NELSON 3801 THURSTON AVENUE ANOKA, MN 55703

SUBJECT: CENTRAL POWER DISTRIBUTORS, INC.

Ref. Number: W09000056032

We have received your document for CENTRAL POWER DISTRIBUTORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 109A00039391

Valerie Herring Regulatory Specialist II New Filing Section

DO DOW GOOD WILL DISTORTED

#### 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. Central Power Distributors, 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. Minnesota 3. 41-1511402
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 1985
(Date of incorporation)

5. Perpet-al
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 3801 Thurston Avenue Anoka, MN 55303

(Principal office address)

Same

(Current mailing address) 8. Residence of one employee, president founer

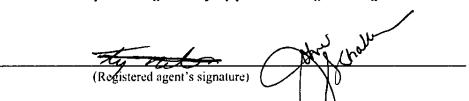
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) John Schaller

#### 10. Registered agent's acceptance:

Name:

Office Address:

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.



Fort Myers , Florida 33919 (City) (7in code)

1008 N Town & River

11. 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.

12. Names and business addresses of officers and/or directors:



## A. DIRECTORS

Chairman:	John Schaller	10 JAN 22 PM 3: 53
	<u>_</u>	SECRETARY UF STATE
	Fort Meyers, FL 33919	TÄLLAHASSEE. FLORIDA
	n:	
Address:		
Director:		
Address:		
Director:		
Address:		
-		
B. OFFICE	•	
President:	John Schaller	
Address:	Sane	4
Vice Presider	it:	Management Management Management Association (Association Association Associat
Address:		
Secretary:	Tyler Nelson	
	3801 Thurston Avenue, Anoka	
Treasurer: _		
Address:		
NOTE: If r	necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13		
<del>\</del>	(Signature of Director or Officer listed in number 12 o	
14.	Tyler Nelson (Typed or printed name and capacity of person signi	
	1 typed or primed name and capacity of person signi	ng appneation)

# state of Minnesota

### **SECRETARY OF STATE**

Certificate of Good Standing

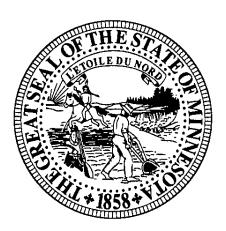
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Central Power Distributors, Inc.

Date Formed: 01/22/1985

Chapter Governed By: 302A

This certificate has been issued on 01/13/10.



Mark Kitchie Secretary of State.