F10000001435

(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
41-1-11307
Office Use Only



300170918173

03/04/10--01024--007 **87.50

03/24/10--01025--022 **800.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TIL MO



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2010

VICKI SHEPHERD GENERAC POWER SYSTEMS, INC. P.O. BOX 8 WAUKESHA, WI 53187

SUBJECT: GENERAC POWER SYSTEMS, INC.

Ref. Number: W10000011307

We have received your document for GENERAC POWER SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 410A00005492

10 MAR 22 PM 4: 19

COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT: Generac	Power Systems, Inc.			
	Name of c	orporation	- must include suffix	
Dear Sir or Madam:				
The enclosed "Applicat "Certificate of Existence above referenced foreig	e," or "Certificate of	Good Stan	ding" and check are sub	
Please return all corresp	ondence concerning t	his matter	to the following:	
Vicki Shepherd	_			
		Name of	Person	
Generac Power System	is, Inc.			
		Firm/Com	pany	
P.O. Box 8				
		Addre	ess	
Waukesha, WI 53187				
	Ci	ty/State a	nd Zip code	
Vicki.Shepherd@genera	ac.com			
,	E-mail address: (to	be used f	or future annual report r	notification)
For further information	concerning this matte	r, please c	all:	
Vicki Shepherd	at (262) 544-4811	
Name of Person	1	Area (Code & Daytime Telepho	one Number
STREET/COU New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL Enclosed is a check for t	corations Center Circle 32301		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection prporations 7
□ \$70.00 Filing Fee	□ \$78.75 Filing Fed Certificate of Sta	e & 🗖	\$78.75 Filing Fee & 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.

·	OWER SYSTEMS, INC.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)
WISCONSIN		39-0963276	,
(State or country under the law of which it is incorporated)		(FEI number, if applicab	ole)
JUNE 24, 1959 5.		PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	st or "perpetual")
JULY 16, 2008			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
HWY 59 & HILL	SIDE ROAD, WAUKESHA, WI 53189		
	(Principal office add	ress)	
P.O. BOX 8, W	AUKESHA, WI 53187		
	(Current mailing add	ress)	
5 3 4 4 1			
DISTRIBU		4 D1 11	
(Purpose(s	s) of corporation authorized in home state or co	ountry to be carried out in state of riorida	O zakonye.
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	TA'S
Name:	NRAI Services, Inc.		The Party of the P
ivaine.	NRAI Services, Inc.		E CR
	NRAI Services, Inc. 2731 Executive Park Dr., Ste 4		2010 MAR 2 Secretas Allahas
		 Florida 33331	338 338 22
office Address:	2731 Executive Park Dr., Ste 4	, Florida 33331 (Zip code)	22 PM RY OF S
office Address:	2731 Executive Park Dr., Ste 4 Weston (City)	, Florida	338 338 22
office Address:	2731 Executive Park Dr., Ste 4 Weston (City) gent's acceptance:	(Zip code)	22 PM 2: 31 RY OF STATE SSEE, ELORID,
office Address: O. Registered at laving been namesignated in this	2731 Executive Park Dr., Ste 4 Weston (City) gent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment.	Zip code) (Zip code) ce of process for the above stated connent as registered agent and agree to	RY OF STATE of the place of the this capacity. I
office Address: O. Registered appropriate the control of the cont	2731 Executive Park Dr., Ste 4 Weston (City) gent's acceptance: sed as registered agent and to accept service application, I hereby accept the appoints omply with the provisions of all statutes resistered.	Zip code) (Zip code) ce of process for the above stated comment as registered agent and agree to elative to the proper and complete pe	RY OF STATE of the place of the this capacity. I
ffice Address: O. Registered at a large and a large a	2731 Executive Park Dr., Ste 4 Weston (City) gent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment.	Zip code) (Zip code) ce of process for the above stated comment as registered agent and agree to elative to the proper and complete pe	RY OF STATE of the place of the this capacity. I
office Address: O. Registered at laving been namesignated in this writher agree to condition of the lam of lam	2731 Executive Park Dr., Ste 4 Weston (City) gent's acceptance: sed as registered agent and to accept service application, I hereby accept the appoint to omply with the provisions of all statutes resistent and accept the obligations of my possible accept the accept the obligations of my possible accept the accept the obligations of my possible accept the accept t	Zip code) (Zip code) ce of process for the above stated comment as registered agent and agree to elative to the proper and complete pe	RY OF STATE of the place of the this capacity. I

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 - Sec additional directors attached
Chairman: Timothy Walsh (Lead Director)
Address: 245 Park Avenue, 16th Floor
New York, NY 10167
Vice Chairman:
Address:
Director: Aaron Jagdfeld
Address: S45 W29290 Hwy. 59
Waukesha, WI 53189
Director: Stephen Murray
Address: 245 Park Avenue, 16th Floor
New York, NY 10167
B. OFFICERS - Sec additional officers attached
President: Aaron Jagdfeld
Address: S45 W29290 Hwy. 59
Waukesha, WI 53189
Vice President:
Address:
Secretary: Dawn Tabat
Address: S45 W29290 Hwy. 59, Waukesha, WI 53189
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed in number 12 of the application) 14. 70RK A. RAGEN CFO
14. YORK A. RAGEN CFO (Typed or printed name and capacity of person signing application)

Florida Application by Foreign Corporation for Authorization to Transact Business in Florida

Generac Power Systems, Inc.,

Q12 A - Additional Directors

Stephen McKenna Ed LeBlanc John Bowlin Barry Goldstein

Q12 B - Additional Officers

York Ragen - Chief Financial Officer

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

GENERAC POWER SYSTEMS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 24, 1959.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 18, 2010.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 75054-06FF6E6A