

F 12000005030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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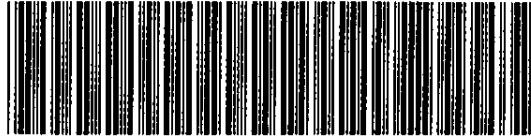
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LILLBACKA POWERCO USA INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LESLIE KURCZEK
Name of Person
LILLBACKA POWERCO USA INC.
Firm/Company
1629 PRIME COURT, SUITE 400
Address
ORLANDO, FL 32809
City/State and Zip code
lesliek@lillbackausa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKKO LINDSTROM at (847) 301-1300 x600
Name of Person Area Code & Daytime Telephone 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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. LILBACKA POWERCO USA, 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. ILLINOIS 3. 363744839
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/4/1990 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1629 PRIME COURT, SUITE 400 ORLANDO, FL 32809
(Principal office address)

1629 PRIME COURT, SUITE 400 ORLANDO, FL 32809
(Current mailing address)

8. SALES OF MANUFACTURING EQUIPMENT AND SPARE PARTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
TO END USERS AND RESELLERS.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: ANDREW S. TAUBMAN, CPA, CPST PRINCIPAL
KAUFMAN, ROSSIN & CO., P.A.

Office Address: 3101 N. FEDERAL HWY 8TH FLOOR
FT. LAUDERDALE, Florida 33306
(City) (Zip code)

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10. 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.

Andrew S. Taubman, Registered Agent
(Registered agent's signature)

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.

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DIVISION OF CORPORATIONS

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

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: VELI MATTI LILIBACKA

Address: 619 ESTES AVENUE

SCHAUMBURG IL 60193

Director: _____

Address: _____

B. OFFICERS

President: ANSSI LATVALA

Address: 619 ESTES AVENUE

SCHAUMBURG IL 60193

Vice President: _____

Address: _____

Secretary: ANSSI LATVALA

Address: 619 ESTES AVENUE, SCHAUMBURG IL 60193

Treasurer: 5

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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, P.S.

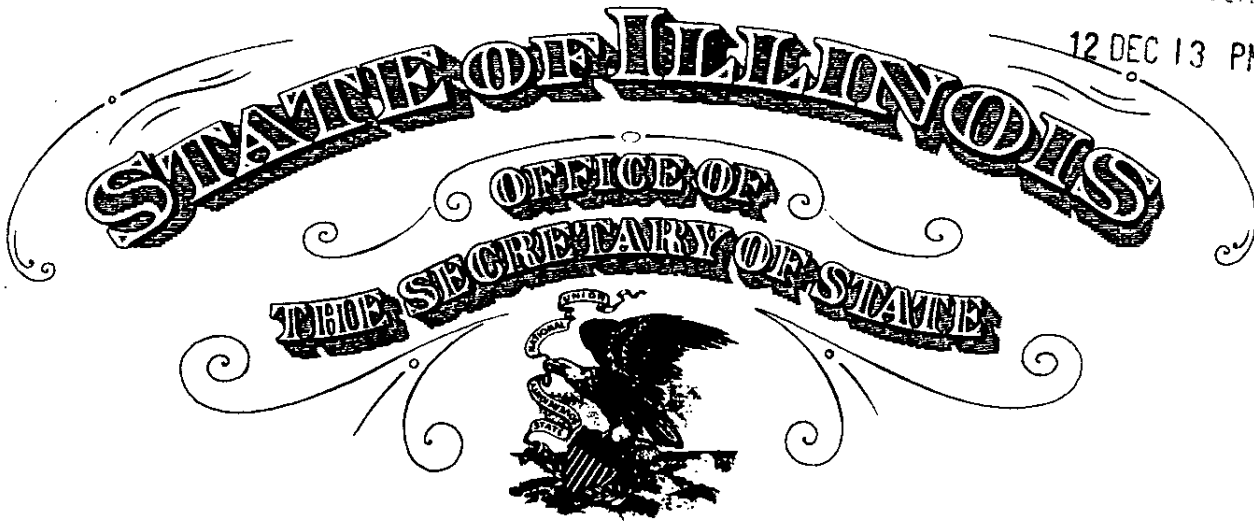
14. ANSSI LATVALA, PRESIDENT

(Typed or printed name and capacity of person signing application)

File Number 5619-460-6

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DIVISION OF CORPORATIONS

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LILLBACKA POWERCO USA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 11TH
day of DECEMBER A.D. 2012 .

Jesse White

Authentication #: 1234601736

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE