

F17000003853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

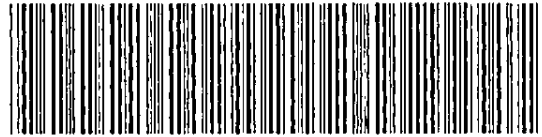
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 28 2017

Y. FR

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 8/25/17  
ACCT. I20160000072

*W: C SW*

Name:	<u>Powergrid Solutions, Inc.</u>
Document #:	
Order #:	<u>10615001</u>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
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Amount: \$ 70.00



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Powergrid Solutions, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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

**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. Powergrid Solutions, 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. Wisconsin 3. 46-0414113  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/17/2003 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 3110 Progress Drive, Oshkosh, WI 54901  
(Principal office address)

Same as Above  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**9. 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.*

**C T CORPORATION SYSTEM**

By: James M. Halpin James M. Halpin - Assistant Secretary  
(Registered agent's signature)

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.

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

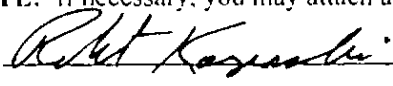
**A. DIRECTORS**

Director:  
~~Chairman:~~ Kurt Koeppler, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_  
Director &  
Address: Judith Koeppler, 3110 Progress Drive, Oshkosh, WI 54901  
Director:  
~~Vice Chairman:~~ Richard Nelson, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_  
Director &  
Address: Robert Korzenski, 3110 Progress Drive, Oshkosh, WI 54901  
Director: Robert Coglianese, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_  
Director &  
Address: Joseph Franzoi IV, 514 Racine Street, Menasha, WI 54952  
Director: James Roberto, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_

**B. OFFICERS**

Chief Executive Officer:  
~~President:~~ Robert Korzenski, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_  
VP of Sales  
& Address: Michael Bettcher, 3110 Progress Drive, Oshkosh, WI 54901  
Vice President  
of Operations: Arthur Eichmann, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_  
VP of Engineering  
& Address: Eric Neumann, 3110 Progress Drive, Oshkosh, WI 54901  
COO/ Treasurer &  
Secretary: Corey Canniff, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_  
VP of Human Resources:  
~~Treasurer:~~ Kim Cihlar, 3110 Progress Drive, Oshkosh, WI 54901  
Address: \_\_\_\_\_

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

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.

13. Robert Korzenski, Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**POWERGRID SOLUTIONS, 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 December 17, 2003.

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 August 24, 2017.

A handwritten signature in black ink, appearing to read "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions



DFI/Corp/33

**To validate the authenticity of this certificate**

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

Enter this code: 205867-FA64C71B