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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:____

FOREIGN PR	OFIT/NONPROFIT	CORPORATION
N	MICHELS POWER,	INC.

Certificate of Status	0
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Help

PPLICATION BY FOREIGN CORBORATION 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.

l.	MICHELS POWE	ER. INC.			
		poration; must include "INCORPORATE p," "Inc," "Co," or "Corp.")	ED.	` "COMPANY," "CORPORATIC	","
	(If name unavailab	ole in Florida, enter alternate corporate na	me	adopted for the purpose of transact	ing business in Florida)
2.	Delaware		3.	85-2624638	
(State or country under the law of which it is incorporate)	(FEI number, if applicable)		
4	07/30/2020		5.	Perpetual	
(Date of incorporation)		٠.	(Date of duration, if other	er than perpetual)	
6	Upon Qualificatio)II			
7.	817 Main Street, B	(SEE SECTIONS 607.1501 & 60 rownsville, WI 53006	7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab pal office address)	ility)
	DO D 129 Danie			·	
	PO Box 128, Brow		aili	ng address, if different)	
	Name and street Name: Office Address:	address of Florida registered agent: CT Corporation System 1200 South Pine Island Road			
		Plantation		, Florida 33324	100 mg
		(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

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
Chairman:
Address:
Vice Chairman:
Address:
Director: David Stegeman
Address: 817 Main Street Brownville, WI 53006
Director:
Address:
B. OFFICERS
President: John Schroeder
Address: 817 Main Street Brownville, WI 53006
Vice President:
Address:
Secretary: David Stegeman
Address: 817 Main Street Brownville, WI 53006
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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.

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

13. Vice President

Tracy Kellner



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MICHELS POWER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203640351

Date: 09-11-20