

2/22/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
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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  
Fax Number : (954)288-0845

**\*\*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 PROFIT/NONPROFIT CORPORATION**  
**LEGRAND AV INC.**

Certificate of Status	0
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FEB 22 2021

## 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.

LEGRAND AV INC.

1. \_\_\_\_\_  
(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. DELAWARE 3. 04-3507597  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/15/2008 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. 6436 CITY W PKWY, EDEN PRAIRIE, MN 55344  
(Principal office address)

\_\_\_\_\_  
(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 South Pine Island Road

Plantation, 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.*

By: Tracy Kellner C T Corporation System Tracy Kellner 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.

FILED  
 2021 FEB 22 PM 5:34  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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2021 FEB 22 PM 5:34

TALLAHASSEE, FL 32301

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JOHN SELLDORFF

Address: 60 WOODLAWN ST, WEST HARTFORD, CT 06110

Director: DAVID BEUGIN

Address: 60 WOODLAWN ST, WEST HARTFORD, CT 06110

## B. OFFICERS

President: STEVE DURKEE

Address: 6436 CITY W PKWY, EDEN PRAIRIE, MN 55344

Vice President: STEVE SCHNEIDER

Address: 60 WOODLAWN ST, WEST HARTFORD, CT 06110

Secretary: LANA PINNOCK

Address: 6436 CITY W PKWY, EDEN PRAIRIE, MN 55344

Treasurer: JAMES LAPERRIERE

Address: 60 WOODLAWN ST, WEST HARTFORD, CT 06110

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

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. JAMES LAPERRIERE, TREASURER

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

**Legrand AV Inc**

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

**Additional Director Listing**

Director: Franck Lemery

Address: 60 Woodlawn St, West Hartford, CT 06110

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Delaware

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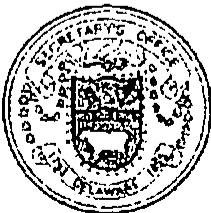
Page 1

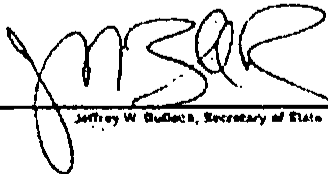
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGRAND AV INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

FILED  
2021 FEB 22 14 53  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State