

F2100000 2481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

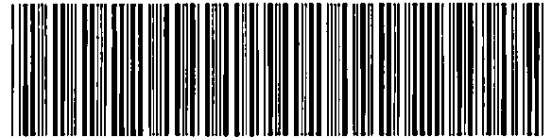
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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05/05/21--01023--006 **87.50

2021 MAY -5 AM 10:48

APPROVAL
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2021 MAY -5 PM 2:52
SECRETARY OF STATE
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MAY 06 2021
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MEENAN
REGULATORY AND LEGISLATIVE ATTORNEYS

May 5, 2021

Via Hand Delivery

REGISTRATION SECTION
DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
2415 N. MONROE STREET, SUITE 810
TALLAHASSEE, FL 32303

**Re: GENERAC POWER PLAN, INC.
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT
BUSINESS IN FLORIDA**

Dear Sir/Madam:

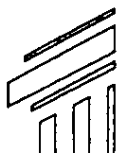
On behalf of the above referenced company, please find attached the completed application and check in the amount of \$87.50 for their Application filing fee by Foreign Corporation for Authorization to Transact Business in Florida, Certificate of Status, and a Certified Copy of the Application.

If you have any questions, please contact me and I will be happy to expedite an answer.

Sincerely,

Halley P. Kelly, FRP
Paralegal
halley@meenanlawfirm.com

JDW/hpk
Enclosures



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENERAC POWER PLAN, 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:

Joseph Walters

Name of Person

Meenan PA

Firm/Company

PO Box 11247

Address

Tallahassee, FL 32302

City/State and Zip code

Joe@meenanlawfirm.com

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

For further information concerning this matter, please call:

Joseph Walters

at (850) 425-4000

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. GENERAC POWER PLAN, 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. Vermont 3. 86-2754380
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/18/2021 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon approval
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. S45W29290 Hwy 59, Waukesha, WI, 53189
(Principal office street address)
- S45W29290 Hwy 59, Waukesha, WI, 53189
(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, 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

Nichol McCroy
(Registered agent's signature)

Nichol McCroy, Assistant Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Aaron Jagdfeld
☐ Vice Chairman Address: S45W29290 Hwy 59
☐ Director Waukesha, WI, 53189
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: York Ragen
☐ Vice Chairman Address: S45W29290 Hwy 59
☐ Director Waukesha, WI, 53189
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

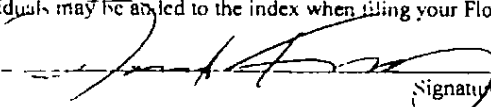
☐ Chairman Name: Joe Kavalary
☐ Vice Chairman Address: S45W29290 Hwy 59
☐ Director Waukesha, WI, 53189
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Joseph Kavalary, Treasurer
(Typed or printed name and capacity of person signing application)

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

GENERAC POWER PLAN, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Mar 18, 2021.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

March 19, 2021

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in cursive script that reads "James C. Condos".

James C. Condos
Vermont Secretary of State

Business ID: 0386132
Certificate Number: 2013832274001