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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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IY

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Krattpowercon. 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:

Abby Riegler

	Name of	Person
Thorelli & Associates		
	Firm/Con	npany
70 W. Madison St., Suite 5750		
······································	Addr	ress
Chicago. 11. 60602		
	City/State a	and Zip code
abby@thorelli.com	-	
E-mail a	ddress: (to be used	for future annual report notification)
For further information concerning	this matter, please	call:
Abby Riegler	312	357-0300
Name of Person	Area Coc	
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Su Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the followin Please make check payable to: FLORI \$\[I]\$70.00 Filing Fee \$\[I]\$78.7	IDA DEPARTMEN	T OF STATE ■ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy 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.

Kraftpowercon, Inc. 1.

> (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
Delaware	3.	30-0692805	
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
4/28/2011	5.		
(Date	of incorporation)	(Date of duration, if othe	er than perpetual)
			·
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liab	itity)
1005 Union Cent	er Drive, Suite G. Alpharetta, GA 30004		
	(Principal off	lice <u>street</u> address)	
70 W. Madison S	it., Suite 5750, Chicago, IL 60602		
	(Current maili	ng address, if different)	
	et address of Florida registered agent: (P.0 Corporation Service Company	O. Box <u>NOT</u> acceptable)	20 P
Name:)ffice Address:	1201 Hays Street		PH 3:
Junce Address.	Tallahassee	. Florida ³²³⁰¹	FL 53
	(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.

Maliasa Clarke . Melissa Clarke. Asst. V.P. (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.

A. DIRECTORS				
⊡Chairman	Ranjit Jakkli Name:	∏Chaiπnan	Thomas H. Thorelli Name:	
□Vice Chairman	Bruksvägen 4 Address:	⊡Vice Chairman	70 W. Madison St.	_ <u>-</u>
Director	445 56 Surte	Director	Suite 5750	
Presidem	Sweden	☐ President	Chicago, IL 60602	
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		
DOther	Other	⊡Other	🗇 🗇 🗇 🗍	_
	Prashanth Duvoor			
⊡Chairman	Name:	⊡Chairman	Name:	
⊡Vice Chairman	1005 Union Center Drive, Ste. G	⊡Vice Chairman	Address:	_
Director	Alpharetta, GA 30004	Director		
⊡President		President		
□Vice President		□ Vice President		<u> </u>
Secretary	Treasurer	☐ Secretary	🗇 l'reasurer	
Other	Other	⊡0ther	□Other	
□Chairman	Name:	⊡ Chairman	Name:	
🗆 Vice Chairman	Address:	⊡Vice Chairman	Address:	
Director		Director		
President		□President		
🗇 Vice President		□Vice President		
□ Secretary	Treasurer	Secretary	Treasurer	
D0ther	①()ther	⊂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. Zhen & John

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 \$817,155, F.S.

13. Thomas H. Thorelli - Secretary



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRAFTPOWERCON, 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 TWELFTH DAY OF MAY, A.D. 2022.



Juffrey W. Bullock, Secretary of State

Authentication: 203420055 Date: 05-12-22

Page 1

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SR# 20221823382 You may verify this certificate online at corp.delaware.gov/authver.shtml