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SECRETARY OF STATE AS SECRETARY OF STATE AS

J. BRYAN

AUG 2 4 2006

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Integrated Dis	iability Company)	
The enclosed "Application by Foreign Limited Liabi Florida," Certificate of Existence, and check are subr liability company to transact business in Florida		
Please return all correspondence concerning this mat	tter to the following:	
	Fritz	
(Name	of Person)	os se os
Midwest Engine (Firm/	Company)	DIVISION OF CORPORATION OF AUG 24 PH 2: 1
	ose Street ddress)	STATIONS A 2: 17
Aurora, IL (City/State	and 7 in Code)	•
For further information concerning this matter, please		
Name of Person)	at <u>518-479-7071</u> x 305 (Area Code & Daytime Telephone Numb	ber)
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•
Enclosed is a check for the following amount: 2 \$125.00 Filing Fee \$\to\$ Certificate of Sta	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Catus Certified Copy of Status & C	Certificate Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2006

BILL FRITZ MIDWEST ENGINE WAREHOUSE 700 ENTERPRISE STREET AURORA, IL 60504

SUBJECT: INTEGRATED DISTRIBUTORS, LLC

Ref. Number: W06000029279

We have received your document for INTEGRATED DISTRIBUTORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1050.00.

Enclosed please find a copy of section 607.1501, 617.1051, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. Ifafter reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correctdate the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501, 617.1501, or 608.502, Florida Statutes.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

DIVISION 24 PM 2: 17

Joey Bryan Document Specialist

Letter Number: 206A00042706

SECRETARY OF STATE BIVISION OF CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) company is organized) (Date of Organization) (Duration: Year limited liability company will cease top (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 4751 Oak Fair Blud (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Distribution Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) John 5. Stephenson

Typed or printed name of signee

Name and Business Addresses of Managing Members

Atlantic Power, Inc. 2 Hampshire St., Suite 104 Foxboro, MA 02035 A Massachusetts Corporation

Central Power Systems 2555 International St. Columbus, OH 43228 An Ohio Corporation

Midwest Engine Warehouse, a division of Illinois Auto Electric Co. 700 Enterprise St.
Aurora, IL 60504
A Delaware Corporation

Preferred Power, Inc. 6509 A Northpark Blvd. Charlotte, NC 28216 A North Carolina Corporation

SEDCO, Inc. 225 Henry D. Robinson Blvd. Pendergrass, GA 30567

Magneto Power, LLC 1000 West Donges Bay Road, Suite 100 Mequon, WI 53092 A Wisconsin Limited Liability Company DIVISION OF CORPORATIONS
OF AUG 24 PM 2: 17

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Lin	mited Liability Company	y is:				
<u> </u>	Integrated	Distribu	tors	LLC		
2. The name and the F	lorida street address of t	the registere	d agent a	and office	are:	
	ÄA	Perzia (Name)	hsu			DIVISION OF C
	4751 Florida Street Address			BIVA TABLE)		PM PM
	Тамра	FL City/State/Zip	334	io		RATIONS 2: 17

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

INTEGRATED DISTRIBUTORS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that date of incorporation or organization is April 29, 2004.

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 June 15, 2006.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code:

27406-F3CEE4D9