M16000002177

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	ı
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March 8, 2016

SUSAN GODIN 1863 ROCKLEDGE DR ROCKLEDGE, FL 32955

SUBJECT: ALSTOM GRID LLC Ref. Number: W16000017336

We have received your document for ALSTOM GRID 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 316A00004793

COVER LETTER

TO:	Registration Section Division of Corporation	S				
SUBJ	Alstom Grid LLC					
U 0 20		Name of	Limited Liability	Company		
					ansact Business in Florida," Certificate y company to transact business in Flor	
Please	return all correspondence c	oncerning this matter to the	following:			
	Susan J. Godin,	Paralegal				
		N	ame of Person			
	GE Energy Con	nections				
		F	irm/Company			
	1863 Rockledge	e Drive				
			Address			
	Rockledge, FL	32955				
		City/S	tate and Zip Code	<u>.,</u>	Targalinyii **	
	susan.godin@ge.	com				
		E-mail address: (to be used	d for future annual	report no	tification)	
For fu	rther information concerning	g this matter, please call:				
	Susan J. Godin		321 at (446-02	90	
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclos	ed is a check for the follows \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

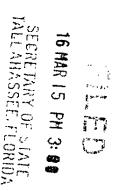
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

		ust include "Limited Liability Company," "L.1C.," or see of transacting business in Florida. The alternate name		Limited	I
Liability Company," "L.L.C	C" or "LLC.")	3	THE PROPERTY OF THE PARTY OF TH		,
2. State of Ohio		3. 34-1258868			
(Jurisdiction under the lay company is organized)	v of which foreign limited liability	(if El number, if applicable))		
4. Upon registration					
	(Date first transacted busine	ess in Florida, if prior to registration.) 5.0905, F.S. to determine penalty liability)	_		
5. 130 Third Avenue N		10000, Fig. to describine penary tradition	<u></u>		
Canton, OH 44702					
	(Street Address of	Principal Office)			
6. c/o Susan J. Godin, Pa	ralegal	•	<u></u>		
	•		Am	=	
1863 Rockledge Drive	c, Rockledge, FL 32955			<u>5</u>	
	(Mailing	Address)		MAR	
7. Name and street addre	ss of Florida registered agent: (P.	O. Box NOT acceptable)	AR	5	Compa
Name:	CT Corporation System		m ' ≺		J
Office Address:	1200 South Pine Island Road			РН 3:	1000
	Plantation	Florida 33324	X	€39	la moi"
Desistance amounts manner	(City)	, Florida 33324 (Zip code)	- Om	C	
designated in this applice to complywith the provis- accept the obligations of	ptance: ogistored agent and to accept serv ation, I heroby accept the appoint ions of all statutes relative to the imy position by registored agent. (Rogist	(Zip code) vice of process for the above stated limited liabil that as registered agent and agree to act in this proper and complete performance of my duties, Angel Nunez Assistant Secretary	is capacity. I fu	the pla	gree
Having been named as r designated in this applica- to complywith the provis- accept the obligations of	ptance: ogistored agent and to accept serv ation, I heroby accept the appoint ions of all statutes relative to the imy position by registored agent. (Rogist	(Zip code) vice of process for the above stated limited liabil tment as registered agent and agree to act in this proper and complete performance of my duties,	is capacity. I fu	the pla	gree
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Having been named as redesignated in this applicate to complywith the provisuccept the obligations of 8. The name, title or cap Michael Atkinson, Mana	ptance: egistered agent and to accept save ation, I heroby accept the appoint ions of all statutes relative to the my position is registered agent. (Rogist enoity and address of the person(s) ger, 10865 Willows Road NE, Rea e of existence, no more than 90 day of which it is organized. (If the combinitted)	(Zip code) vice of process for the above stated limited liability that as registered agent and agree to act in this proper and complete performance of my duties, Angel Nunez Assistant Secretary who has/have authority to manage is/are;	is capacity. I fu	the pla rther a llar wi	gree th and
Having been named as redesignated in this applicate to complywith the provisuaccept the obligations of 8. The name, title or cap Michael Atkinson, Mana 9. Attached is a certificate jurisdiction under the law of the translator must be s	prince: egistered agent and to accept servation, I heroby accept the appoint ions of all statisfies relative to the my position is registered agent. (Registered address of the person(s) ger, 10865 Willows Road NE, Registered agent, and which it is organized. (If the combinited) Signature	(Zip code) vice of process for the above stated limited liability and as registered agent and agree to act in this proper and complete performance of my duties, Angel Nunez Angel Nunez Scistant Secretary archagon structure) who has/have authority to manage is/arc; dmond, WA 98052 ys old, duly authenticated by the official having contificate is in a foreign language, a translation of of an authorized person of an authorized person	custody of record the certificate use	the pla rther a llar wi	gree th and
Having been named as redesignated in this applicate to complywith the provisuaccept the obligations of 8. The name, title or cap Michael Atkinson, Mana 9. Attached is a certificate jurisdiction under the law of the translator must be s	prince: egistered agent and to accept servation, I heroby accept the appoint ions of all statisfies relative to the my position is registered agent. (Registered address of the person(s) ger, 10865 Willows Road NE, Registered agent, and which it is organized. (If the combinited) Signature	(Zip code) vice of process for the above stated limited liability and as registered agent and agree to act in this proper and complete performance of my duties, Angel Nunez Angel Nunez Angel Nunez Who has/have authority to manage is/are; dmond, WA 98052 ye old, duly authenticated by the official having contificate is in a foreign language, a translution of	custody of record the certificate use	the pla rther a llar wi	gree th and

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALSTOM GRID LLC, an Ohio For Profit Limited Liability Company, Registration Number 522740, was organized within the State of Ohio on September 15, 1978, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of February, A.D. 2016.



Ohio Secretary of State

Validation Number: 201604901910