

16 JUL 25 PM11:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2016

TRACY ANDERSON
6797 FRONIUS DRIVE
PORTAGE, IN 46368

SUBJECT: FRONIUS USA, LLC
Ref. Number: W16000052236

We have received your document for FRONIUS USA, 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):

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00015753

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 25 PM 11:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2016

TRACY ANDERSON
6797 FRONIUS DRIVE
PORTAGE, IN 46368

SUBJECT: FRONIUS USA, LLC
Ref. Number: W16000052236

2016 AUG 11 PM 4:19
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRONIUS USA, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

TRACY ANDERSON

Name of Person

FRONIUS USA, LLC

Firm/Company

6797 FRONIUS DR.

Address

PORTAGE, IN 46368

City/State and Zip Code

FINANCE-USA@FRONIUS.COM

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

For further information concerning this matter, please call:

TRACY ANDERSON

219

734-5520

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 25 PM 11:50

**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:

1. FRONIUS USA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. INDIANA 3. 26-0036744
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6797 FRONIUS DRIVE
PORTAGE, IN 46368
(Street Address of Principal Office)

6. 6797 FRONIUS DRIVE
PORTAGE, IN 46368
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION
Office Address: 1200 S PINE ISLAND RD #250
PLANTATION, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 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.

Madonna Cuddihy
Special Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MANAGING DIRECTOR - WOLFGANG NIEDRIST

6797 FRONIUS DRIVE PORTAGE, IN 46368

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Tracy Anderson, Head of Finance
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Tracy Anderson
Typed or printed name of signee

16 JUL 25 PM 11:51
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

FRONIUS USA LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 16, 2010, and was in existence or authorized to transact business in the State of Indiana on August 29, 2016.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 29, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2010091700096 / 201693352

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

SECRETARY OF STATE
FALL AND SECT. CLERK
16 JUL 25 PM 11:51