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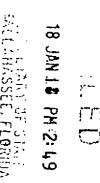
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ABT Power Management, 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:		
Kristin Zink - Corporate Paralegal Name of Person		
Material Handling Services, LLC Firm/Company		
3235 Levis Commons Blvd Address		
Perrysburg, Ohio 43551 City/State and Zip Code		
Kristin Zink @ mins-corp. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kristin Zink at (419) 419 - 788 - 4803 Name of Contact Person 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 Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: 52 \$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & \$\square\$ \$155.00 Filing Fee & \$\square\$ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy		

AFPLICATION 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Limited Liability Company," (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate mane must include "Limited Limitity Company," "LLC," or "LLC," or "LLC," Delaware (Jurisdiction under the law of which foreign Limited liability company is organized) (FTI number, if applicable) Date first transacted business in Florida if prior to registration.) See sections 605.0904 & 605.0905, F.S. to determine penalty liability. Commons BIV 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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 an familiar with and accept the obligations of my position as registered agent. Jessica Chappell on behalf of InCorp Services, Inc 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Chief Dreathing Officer ibict Almostrutive Todd W. Roberts Kirk York Material Handling Enter inc Officer , General Coursel Material Handbog Fraces, Lic 1 President 1235 Levis Commisses Blied 3335 Levis Commons Divil Perryshung, Ohio 13501 Parrysburg, Other 13551 Chief Financell Officer Brent C. Parent <u>Joseph Herman</u> Moderial Handling Francis Hatchal Handling 1835 Levis Congadas Bivd Perrysburg, Unio 13551 Terrysburg, Ohio 13551 (Use attachments if necessary) 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) 10. This document is executed in accordance with section 605.(203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constituted third degree felony as provided for in s.817.155, F.S.

<u>Herman</u>



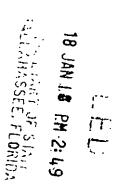
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ABT POWER MANAGEMENT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2018.





6027593 8300 SR# 20180144379 Authentication: 201945361

Date: 01-09-18