M80 000 11060

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900321393979

FILED

2018 DEC -7 AM 8: 19

ALLANDOLL, FL

DEC -7 AKIO: 47

42-10-18

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 518124 4806894

.

AUTHORIZATION : Conclude to a

COST LIMIT : \$ 125.00

ORDER DATE: December 6, 2018

ORDER TIME : 9:39 AM

ORDER NO. : 518124-005

CUSTOMER NO: 4806894

FOREIGN FILINGS

NAME: ACLARA SMART GRID SOLUTIONS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section
Division of Corporations

SU BJ ECT:	Aclara Smart Grid S	colutions, LLC						
SOBJEC 1.		Name of I	Limited Liability	Сопрану				
		eign Limited Liability Comp d to register the above refere						
Please return	all correspondence o	oncerning this matter to the	following:					
	Katherine A. L	ane						
		Na	ame of Person					
	Hubbell Inc.							
	•	Fi	rm/Company					
	40 Waterview I	Drive						
		Address						
	Shelton, CT 06	484						
	-	City/S	tate and Zip Code					
	kalane@hubbell.	com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further in	nformation concerning	g this matter, please call:						
Cat	herine Washburn		475 at (882-47	43			
-	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ice, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	•	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop			

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:

f name unavailable, enter alter	nate name adopted for the purpose of transacting busi				balaty Company," "L.L.C."	or "LLC.")
Delaware			35-2547202			
(Jurisdiction under the law	of which foreign limited liability company is organize	ed)		(FE) mum	жт, if applicable)	
N/A						
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.				···	
40 Waterview Dri		6	40 Watervie	w Drive		
•	ss of Principal Office)		Shelton, CT	(Mailing Addi	ress)	
Shelton, CT 06484	·		Suchon, CT	00464		
					<u></u>	20 13
		0.0			<u>≯</u> %	DEC
Name and street ad	dress of Florida registered agent: (P.	.O. Box NOT	_acceptable)		35.75	
Name:	Corporation Service Company				<u>あ</u> れ	-7
Office Addre	1201 Hays Street					AH
Office Additi			<u> </u>		1.0 1.0	င်း T
	Tallahassee (Cny)		, Flori	da 32301 (Zip cod	폴착	
gistered agent's a	The state of the s			(2.4) 2.00	s,	Q
ia accepi ine obliga	tions of my position as registered ag Corporation Service Compar	ent.	omplete perfor	Roxa	nne Turner	ımiliar wi
ia accept the obliga	Corporation Service Compar By:	ent. Ye Du	<u>lnu</u>	Roxa	•	imiliar wi
a accept the obliga	Corporation Service Compar By:	ent.	<u>lnu</u>	Roxa	nne Turner	imlliar wi
	Corporation Service Compar By: (Register capacity and address of the person(s)	ent. Ny ed agent's signature who has/have	<u>ini</u>	Roxa —Asst. Vi	nne Turner	
. The name, title or	Corporation Service Compar By: (Register capacity and address of the person(s)	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
. The name, title or Title or Capacity	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
The name, title or Title or Capacity	Corporation Service Compared Ry: (Register capacity and address of the person(s) Name and Address: Katherine A. Lane	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
The name, title or Title or Capacity	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
. The name, title or Title or Capacity Vice President	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
. The name, title or Title or Capacity Vice President	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
The name, title or Title or Capacity Vice President See attached	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484	ent. Ny ed agent's signature who has/have	authority to m	Roxa —Asst. Vi	nne Turner iee President	
The name, title or Title or Capacity Vice President See attached Use attachments if no	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484	ent. Ny ed agent's signature who has/have	authority to m	Roxa Asst. Vi	nne Turner lee President Name and Add	ress:
The name, title or Title or Capacity Vice President See attached Jse attachments if no Attached is a certification under the	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 eccessary) cate of existence, no more than 90 dalaw of which it is organized. (If the c	ent. Ty Ed agent's signature who has/have	authority to m	Roxa Asst. Vi	nne Turner ice President Name and Add	ress:
The name, title or Title or Capacity Vice President See attached Use attachments if no Attached is a certification under the	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 eccessary) cate of existence, no more than 90 dalaw of which it is organized. (If the c	ent. Ty Ed agent's signature who has/have	authority to m	Roxa Asst. Vi	nne Turner ice President Name and Add	ress:
The name, title or Title or Capacity Vice President See attached Use attachments if no Attached is a certification under the of the translator must	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 eccessary) cate of existence, no more than 90 dataw of which it is organized. (If the cobe submitted)	ent. Ty Ed agent's signature who has/have	authority to m Fitle or Capaci	Roxa Asst. Vi	nne Turner ice President Name and Add ving custody of re ion of the certifica	ress: cords in the
The name, title or Title or Capacity Vice President See attached Use attachments if no Attached is a certification under the the translator must	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 eccessary) cate of existence, no more than 90 dalaw of which it is organized. (If the c	who has/have lys old, duly arentificate is in	authority to m Fitle or Capaci	Roxa Asst. Vi anage is/are: itv: the official hatage, a translatutes. I am awar	Name and Add	ress: cords in the
The name, title or Title or Capacity Vice President See attached Use attachments if no Attached is a certification under the the translator must	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 ecessary) cate of existence, no more than 90 day law of which it is organized. (If the cobe submitted) executed in accordance with section 6	who has/have lys old, duly arentificate is in	authority to m Fitle or Capaci	Roxa Asst. Vi anage is/are: itv: the official hatage, a translatutes. I am awar	Name and Add	ress: cords in the
The name, title or Title or Capacity Vice President See attached Use attachments if no Attached is a certification under the fithe translator must	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 ecessary) cate of existence, no more than 90 day law of which it is organized. (If the cobe submitted) executed in accordance with section 6	who has/have lys old, duly arentificate is in	uthenticated by a foreign language.	Roxa Asst. Vi anage is/are: itv: the official hatage, a translatutes. I am awar	Name and Add	ress: cords in the
The name, title or Title or Capacity Vice President See attached Use attachments if no Attached is a certification under the the translator must	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 ecessary) cate of existence, no more than 90 day law of which it is organized. (If the cobe submitted) executed in accordance with section 6	ent. Ty Ty Who has/have who has/have Ty Ty Ty Ty Ty Ty Ty Ty Ty T	uthenticated by a foreign language.	Roxa Asst. Vi anage is/are: itv: the official hatage, a translatutes. I am awar	Name and Add	ress: cords in the
See attached Use attached is a certification under the fine translator must	capacity and address of the person(s) Name and Address: Katherine A. Lane 40 Waterview Drive Shelton, CT 06484 ecessary) cate of existence, no more than 90 day law of which it is organized. (If the cobe submitted) executed in accordance with section 6	ent. Ty Ty Who has/have who has/have Ty Ty Ty Ty Ty Ty Ty Ty Ty T	uthenticated by a foreign language.	Roxa Asst. Vi anage is/are: itv: the official hatage, a translatutes. I am awar	Name and Add	ress: cords in the

Name Title		Address		
Allan Connolly	President	40 Waterview Drive		
		Shelton, CT 06484		
Erik Christian	Chief Financial Officer	77 West Port Plaza Drive		
		Suite 500		
		St Louis, Missouri 63146		
Gerben Bakker	Vice President	200 Center Pointe Circle		
		Columbia, South Carolina 29210		
An-Ping Hsieh	Vice President and Secretary	40 Waterview Drive		
		Shelton, CT 06484		
Maria R. Lee	Vice President and Treasurer	40 Waterview Drive		
		Shelton, CT 06484		
·Anne Boyd	Vice President and Assistant Treasurer	40 Waterview Drive		
		Shelton, CT 06484		
Timothy H. Nelson	Vice President, Finance	40 Waterview Drive		
	<u>.</u> .	Shelton, CT 06484		
Kevin H. Potts	Vice President, Integration	200 Center Pointe Circle		
		Columbia, South Carolina 29210		
Patricia B. Morrison	Vice President and Assistant Secretary	200 Center Pointe Circle		
		Columbia, South Carolina 29210		
Robert Enyard	Vice President	77 West Port Plaza Drive		
		Suite 500		
		St Louis, Missouri 63146		

2018 DEC -7 AM 8: 19
SECRETARY OF STATE
FALL AHASSEE F. STATE

FILED

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ACLARA SMART GRID SOLUTIONS, 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 SIXTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACLARA SMART GRID SOLUTIONS, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 204043760

Date: 12-06-18

5892840 8300 SR# 20188013988

COVER LETTER

TO:

	gistration Section vision of Corporation	s				
CUD IF CT.	Aclara Smart Grid S	olutions, LLC				
SUBJECT:		Name of I	imited Liability C	отрапу		
The enclose Existence, a	d "Application by Fore	eign Limited Liability Comp I to register the above refere	any for Authorizat	ion to Tra ed liability	nsact Business in Florida," Cert company to transact business in	ificate of n Florida.
Please retur	n all correspondence c	oncerning this matter to the	following:			
	Katherine A. La	ınc				
		Na	ame of Person			
	Hubbell Inc.					
		Fi	пп/Сотрапу	<u></u>		
	40 Waterview I	Drive				
	 ==		Address			
	Shelton, CT 06	484				
		City/S	tate and Zip Code			
	kalane@hubbell.	com				
		E-mail address: (to be used	for future annual	report not	fication)	
For further	information concerning	g this matter, please call:				
Catherine Washburn			475 at (882-474	43	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section O. Box 6327 llahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate