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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Genesis Attachments, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L1, C , "or "LLC ")

Delaware		20-1155819	
(Jurisdiction under the law of which foreign limited hability company is organized)		(FE) number, if applicable)	
(Date first transacted business in Howlda, if prior to See sections 605 0906, F.S. to determine	eputrano ne penalty	n) Itabiluy)	
1000 Genesis Drive	6	1000 Genesis Drive	
en Address of Principal Office)	υ.	(Mailing Address)	
Main Street		Main Street	
Superior, W1 54880		Superior, WI 54880	

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

Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation				
	(Ca))	(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.

Alexand None Slephanie Hencz Assistant Secretary, C T Corporation System (Recistered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (θ) total]:

Title or Canacity:	Name and Address:	Title or Capacity:		
Manager	Name: Daniel E. Tyrreli	Manager	Name:Richard E. Albaugh, Jr.	
⊡Member	Address:	DMember	Address:	
⊡Authorized	Walton Hills, OH 44146	DAuthorized	Walton Hills, OH 44146	
Person		Person		
[]Other	□Other]Other	[]Other	
⊡Manager	Name:	□Mansger	Name:	
DMember	Address:	IMember	Address:	
□Authorized		DAuthorized		
Person		Person	۲ 	
Other	COthe:	_Other	Other	
Manager	Name:	Manager	Name:	
Member	Address:	OMember	Address:	
DAuthorized		(C) Authorized		
Person		Person		
⊡Other	[]()()(ber	COther	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 onth of the translator must be submitted)

10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, 1 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.

Signifiate of an orthorized person

Daniel E. Tyrrell

Typed or pointed mane of signer



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENESIS ATTACHMENTS, 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 TWENTY-SECOND DAY OF APRIL, A.D. 2021.

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



stary of State

Authentication: 203031446 Date: 04-22-21

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SR# 20211403782 You may verify this certificate online at corp.delaware.gov/authver.shtml