

M210000017117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

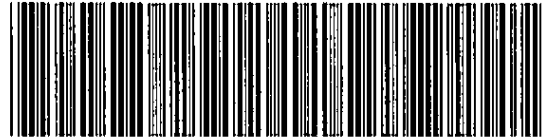
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 DEC 13 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FL

S. ROBERTS

DEC 13 2021



**PowerGEM**  
Power Grid Engineering & Markets

December 3, 2021

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

**RE: PowerGEM, LLC**  
**Foreign Liability Company Registration**

We are submitting the enclosed application to register PowerGEM, LLC in the State of Florida as we wish to run payroll in Florida for an employee who recently relocated to your state. A Certificate of Status from the State of New York is also enclosed, along with a check for \$130 (filing fee & Certificate of Status).

Should you have any questions regarding this application, you may contact me or our designated Registered Agent, Judith A. Brodeur (518.878.2065 or [jbrodeur@power-gem.com](mailto:jbrodeur@power-gem.com)). While we understand that you may be mailing documentation confirming this registration, we would also appreciate confirmation via email if at all possible.

Thank you.

Sincerely,

Boris S. Gisin  
President  
[bgisin@power-gem.com](mailto:bgisin@power-gem.com)

Mailing address: P.O. Box 9309  
Niskayuna, NY 12309

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PowerGEM, 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:

Judith A Brodeur

Name of Person

PowerGEM, LLC

Firm/Company

P.O. Box 9309

Address

Niskavuna, NY 12309

City/State and Zip Code

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

For further information concerning this matter, please call:

Judith A Brodeur

at ( 518 ) 878-2065

Name of Contact Person

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Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. PowerGEM, 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. New York 3. 52-2314336  
(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. 632 Plank Road, Ste 101 6. P.O. Box 9309  
(Street Address of Principal Office) (Mailing Address)

Clifton Park, NY 12065 Niskayuna, NY 12309

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

Name: Judith A Brodeur

Office Address: 3020 Frontier Drive

Titusville, Florida 32796  
(City) (Zip code)

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TALLAHASSEE, FL

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.

Judith A Brodeur  
(Registered 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 (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             |
|--|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: <u>Boris S. Gisin, President</u> | <input checked="" type="checkbox"/> Manager    | Name: <u>Manos V. Obessis</u>        |
| <input checked="" type="checkbox"/> Member     | Address: <u>1497 Fox Hollow Road</u>   | <input checked="" type="checkbox"/> Member     | Address: <u>42816 Souther Drive</u>  |
| <input checked="" type="checkbox"/> Authorized | <u>Niskayuna, NY 12309</u>             | <input checked="" type="checkbox"/> Authorized | <u>Centreville, VA 20120</u>         |
| Person   | _____                                  | Person   | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager               | Name: _____                            | <input type="checkbox"/> Manager               | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                         | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                  | <input type="checkbox"/> Authorized            | _____                                |
| Person   | _____                                  | Person   | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager               | Name: _____                            | <input type="checkbox"/> Manager               | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                         | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                  | <input type="checkbox"/> Authorized            | _____                                |
| Person   | _____                                  | Person   | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Boris S. Gisin

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: POWERGEM, LLC  
DOS ID Number: 2510184  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 05/15/2000  
  
Statement Status: CURRENT  
Statement Due Date: 05/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on December 03, 2021 at 09:39 A.M.

BRENDAN C. HUGHES, Acting Secretary of State

*Brandon C. Hughes*