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Name:	Hilscher-C	larke Electric Company	
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		((Thank you!))	

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CCT: HILSCHER-CLARKE ELECTI	RIC COMPAN	IΥ,	
50242		corporation -	must include suffix	
Dear Si	r or Madam:			
"Certifi	losed "Application by Foreign Corp cate of Existence," or "Certificate of eferenced foreign corporation to tran	Good Standi	ing" and check are submit	
Please r	eturn all correspondence concerning	this matter to	o the following:	
Ryan A.	Kuchmaner, Esq.			
		Name of P	erson	
Black, N	AcCuskey, Souers & Arbaugh, LPA			
		Firm/Comp	any	
4505 St	ephen Circle NW, Suite 200			
		Addres	S	
Canton,	Ohio 44718			
		City/State and	d Zip code	
rkuchma	aner@bmsa.com			
	E-mail address: (to be used fo	r future annual report not	ification)
For furt	her information concerning this mat	ter, please ca	11:	
Samanti	ha Bryant	330	430-5041	
	Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ed is a check for the following amounake check payable to: FLORIDA DE		OF STATE	
	00 Filing Fee S78.75 Filing Certificate of	Fee & 🗆	\$78.75 Filing Fee & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ARKE ELECTRIC COMPANY		
	prporation; must include "INCORPOR prp," "Inc," "Co," or "Corp.")	ATED," "COMPAN	Y," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporat	e name adopted for th	e purpose of transacting business in Florida)
Ohio		3.	
(State or countr	y under the law of which it is incorpora	ated)	(FEI number, if applicable)
1/4/1946		5.	
(Date	of incorporation)	(Da	e of duration, if other than perpetual)
	(Date first transacted bu		
610 44 B	(SEE SECTIONS 607.1501 &	& 607.1502, F.S., to d	etermine penalty hability)
319 4th Street, C	anton, Ohio 44703		
	(Princ	ipal office <u>street</u> addi	ess)
	·····		
	(Currer	nt mailing address, if o	lifferent)
	·	-	·
. Name and stre	et address of Florida registered age	-	·
. Name and stree Name:	·	-	·
Name:	et address of Florida registered age	-	·
Name:	C T Corporation System 1200 South Pine Island Road	nt: (P.O. Box <u>NOT</u>	acceptable)
Name:	et address of Florida registered ages C T Corporation System 1200 South Pine Island Road Plantation	-	acceptable)
Name:	C T Corporation System 1200 South Pine Island Road	nt: (P.O. Box <u>NOT</u>	acceptable)
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)	nt: (P.O. Box <u>NOT</u>	33324 (Zip code)
Name: Office Address: Registered ag	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to acceptance.	nt: (P.O. Box NOT	acceptable) 33324 (Zip code) s for the above stated corporation at the place
Name: Office Address: Registered ag Iaving been nan lesignated in this	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: aed as registered agent and to acceptance to application, I hereby accept the a	pt service of proces	33324 (Zip code)
Name: Office Address: Registered ag Having been nan Jesignated in this urther agree to d	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: aed as registered agent and to acceptance to application, I hereby accept the a	pt service of proces ppointment as regis	acceptable) 33324 (Zip code) s for the above stated corporation at the place tered agent and agree to act in this capacity. the proper and complete performance of my duty.
Name: Office Address: Registered ag Iaving been nan Jesignated in this urther agree to d	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept application, I hereby accept the accept with and accept the obligations of all streams and accept the obligations of all streams.	pt service of proces ppointment as regis atutes relative to the f my position as reg	acceptable) 33324 (Zip code) s for the above stated corporation at the place tered agent and agree to act in this capacity. e proper and complete performance of my dutistered agent.
Name: Office Address: Registered ag Iaving been nan Jesignated in this urther agree to a and I am familia	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept application, I hereby accept the accept with and accept the obligations of all streams and accept the obligations of all streams.	pt service of proces ppointment as regis	acceptable) 33324 (Zip code) s for the above stated corporation at the place tered agent and agree to act in this capacity. e proper and complete performance of my dutistered agent.

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Name: Name: □ Chairman Chairman ☐Vice Chairman Address: ☐ Vice Chairman Address: ____ ☐ Director Director □ President □President □Vice President □Vice President Treasurer ☐ Treasurer □ Secretary □ Secretary ☐ Other _____ Other _____ □Other _____ □ Other _____ Name: □Chairman Name: □Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □ Director ☐ President □ President ☐ Vice President ☐ Vice President Treasurer ☐ Secretary □ Treasurer ☐ Secretary ☐ Other _____ □ Other _____ Other ____ Name: ______ Name: _ ____ □ Chairman Chairman ☐Vice Chairman Address: □ Vice Chairman Address: ☐ Director Director ☐ President ☐ President □ Vice President _ ☐ Vice President ☐ Treasurer ☐ Treasurer ☐ Secretary □ Secretary Other _____ □ Other _____ ☐ Other ______ ☐ 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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Barbara Zwick, CFO

Hilscher-Clarke Electric Company

Officers and Directors

Officers:

Scott Goodspeed - CEO & Secretary, 519 4th Street NW, Canton, Ohio 44703

John Fether - President, 519 4th Street NW, Canton, Ohio 44703

Jeff Floyd - COO, 519 4th Street NW, Canton, Ohio 44703

Barbara Zwick - CFO, 519 4th Street NW, Canton, Ohio 44703

Steven Chumney - Vice President, 519 4th Street NW, Canton, Ohio 44703

Directors:

Scott Goodspeed - Director, 519 4th Street NW, Canton, Ohio 44703

John Fether - Director, 519 4th Street NW, Canton, Ohio 44703

Ryan Kuchmaner - Director, 4505 Stephen Circle NW, Suite 200, Canton Ohio 44718

Scott Sommers - Director, 50 Southeast Avenue, Suite B, Tallmadge, Ohio 44278

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HILSCHER-CLARKE ELECTRIC COMPANY, an Ohio corporation, Charter No. 192325, having its principal location in Canton, County of Stark, was incorporated on January 4, 1946 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of October, A.D. 2022.

Ohio Secretary of State

Fred John

Validation Number: 202228502550