

H220003670523

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 900-2290

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** managedreports@incorp.com

**Foreign Limited Liability Company  
Power Solutions Group Ltd.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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AND  
FILED

## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: Power Solutions Group Ltd.

\_\_\_\_\_  
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:

Amanda Morehouse

\_\_\_\_\_  
Name of Person

InCorp Services, Inc.

\_\_\_\_\_  
Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

\_\_\_\_\_  
Address

Las Vegas, NV 89169-6014

\_\_\_\_\_  
City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Amanda Morehouse on behalf of InCorp Services, Inc. at 800-246-2677  
\_\_\_\_\_  
Name of Contact Person      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

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**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. Power Solutions Group Ltd.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- Magna Power Solutions 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. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 31-1757085  
(FBI number, if applicable)
4. Upon Registration  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 172B INDUSTRIAL DR  
(Street Address of Principal Office)
- Clarksville, TN 37040
6. 172B INDUSTRIAL DR  
(Mailing Address)
- Clarksville, TN 37040

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

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**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.*

  
Isabel Burgos on behalf of Incorp Services, Inc.  
(Registered agent's signature)

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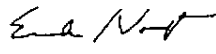
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Barry Willoughby</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Erik Nordquist</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>425 W Kerr Road</u>	<input type="checkbox"/> Authorized	<u>425 W Kerr Road</u>
Person	<u>Tipp City, OH 45371</u>	Person	<u>Tipp City, OH 45371</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Magna IV USA Inc.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kelly Butz</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>96 Inverness Drive East, Suite R</u>	<input type="checkbox"/> Authorized	<u>96 Inverness Drive East, Suite R</u>
Person	<u>Englewood, CO 80112</u>	Person	<u>Englewood, CO 80112</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Robin Allison</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jan Prokop</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>96 Inverness Drive East, Suite R</u>	<input type="checkbox"/> Authorized	<u>96 Inverness Drive East, Suite R</u>
Person	<u>Englewood, CO 80112</u>	Person	<u>Englewood, CO 80112</u>
<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

Erik Nordquist

Typed or printed name of signer

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**Florida Department of State**

Registration Section  
Division of Corporations

Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida

Power Solutions Group Ltd.  
(continued)

Item number 8 – Names, titles and addresses of the primary Members/Managers:

Peter Lawrence, Manager  
96 Inverness Drive East, Suite R  
Englewood, CO 80112

Peter Trovato, Manager  
96 Inverness Drive East, Suite R  
Englewood, CO 80112

Sean Sullivan, Manager  
96 Inverness Drive East, Suite R  
Englewood, CO 80112

Andrew Miller, Manager  
96 Inverness Drive East, Suite R  
Englewood, CO 80112

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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 POWER SOLUTIONS GROUP LTD., an Ohio Limited Liability Company, Registration Number 1212040, was organized in the State of Ohio on February 26, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 11th day of October, A.D. 2022.*

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202228402108

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