

M22000016450

(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:

J. HORNE

MAR 17 2023

Office Use Only



500403907475

RECEIVED

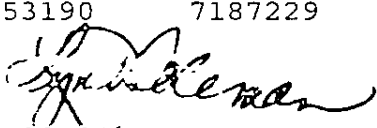
2023 MAR 16 PM 3:13

CALIFORNIA

2023 MAR 16 PM 11:12  
SECRETARY  
FALL ARIZONA



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 553190 7187229  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : March 7, 2023  
ORDER TIME : 1:12 PM  
ORDER NO. : 553190-070  
CUSTOMER NO: 7187229

FOREIGN FILINGS

NAME: POWER SOLUTIONS GROUP LTD.

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Magna Power Solutions LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000016450

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 10/26/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Power Solutions Group, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

Maxima Power Solutions Group, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, **Florida**

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Digitally signed by  
Sam Simkin  
5417-EC3A0824BA

Signature of the authorized representative

Sam Simkin

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of March, A.D. 2023.*

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:  
202307501740



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/09/2023	202300902128	Merger (MER)	99 00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM  
4400 EASTON COMMONS WAY SUITE 125  
ATTN: JAMES H. TANKS III  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
1212040

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**POWER SOLUTIONS GROUP, LLC**

and, that said business records show the filing and recording of:

Document(s)  
**Merger**

Document No(s):  
**202300902128**

**Effective Date: 01/01/2023**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
9th day of January, A.D. 2023.

**Ohio Secretary of State**

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/09/2023	202300902128	MERGED OUT OF EXISTENCE (MEX)	0.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM  
4400 EASTON COMMONS WAY SUITE 125  
ATTN: JAMES H. TANKS III  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
**4057162**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**MAGNA IV USA INC.**

and, that said business records show the filing and recording of:

Document(s)

**MERGED OUT OF EXISTENCE**

Effective Date: 01/01/2023

Document No(s):

**202300902128**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
9th day of January, A.D. 2023.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

**Ohio Secretary of State**



Toll Free: 877.767.3453  
Central Ohio: 614.466.3910  
OhioSoS.gov  
business@OhioSoS.gov  
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

RECEIVED

### Certificate of Merger

To be used when at least one constituent entity is an Ohio entity.

Filing Fee: \$99

(154-MER)

Forms Must Be Typed

DEC 30 2022

SECRETARY OF STATE

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

**I. (Surviving) Entity**

A. Name of Entity Surviving the Merger

Power Solutions Group Ltd.

B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following

Power Solutions Group, LLC

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

1. ☒ Domestic (Ohio entity) ☐ Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number

1212040

(If licensed in Ohio as domestic or foreign)

3. ☐ For-Profit Corporation  
☐ Nonprofit Corporation  
☒ Limited Liability Company  
☐ Partnership  
☐ Limited Partnership  
☐ Limited Liability Partnership  
☐ Unincorporated Nonprofit Association



**II. CONSTITUENT ENTITY**

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

Entity Name	Ohio Charter/License/ Registration Number	Jurisdiction of Formation	Type of Entity
Magna IV USA Inc.	4057162	Colorado	Corporation

**III. MERGER AGREEMENT ON FILE**

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Power Solutions Group, LLC

Name

425 West Kerr Road

Mailing Address

Tipp City

City

Ohio

State

45371

Zip Code

**IV. EFFECTIVE DATE OF MERGER**

This merger is to be effective on January 1, 2023 (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

**V. MERGER AUTHORIZED**

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

**VI. STATEMENT OF MERGER**

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

**VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio.**  
If the surviving entity is a foreign entity **NOT** licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

OH

State

ZIP Code

**VIII. AMENDMENTS**

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

☐ Amendments are attached

☒ No Amendments

**If you are amending the total number of shares, please complete this box so the appropriate filing fee is charged.**

Total number of shares previously listed in the Articles or other Amendments with the Ohio Secretary of State:

With the submission of this amendment, NEW total number of shares:

**IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE**

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

**X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY**

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

Foreign Qualifying Corporation - Form 530A or B and Certificate of Good Standing

Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) - Form 552

Foreign Qualifying Limited Liability Company - Form 617

Foreign Qualifying Limited Partnership - Form 531B

Foreign Qualifying Limited Liability Partnership - Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

Power Solutions Group Ltd.

Name of entity

By: 


Signature

Its: CEO of US Operations

Title

Magna IV USA Inc.

Name of entity

By: 

Signature

Its: CEO of US Operations

Title

Name of entity

By:

Signature

Its:

Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1706.712(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Magna IV USA Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215  * Only required for domestic for-profit corporations	<b>Date Notified (MM/DD/YYYY)</b> <div></div>	<b>Agency</b> Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319  Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413  Regular Address: P.O. Box 182413 Columbus, OH 43218-2413	<b>Date Notified (MM/DD/YYYY)</b> <div>12/29/2022</div>
<b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us  * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	<b>Date Notified (MM/DD/YYYY)</b> <div>12/29/2022</div>	<input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature

Title

CEO of US Operations

Erik Nordquist

Name

425 West Kerr Road

Mailing Address

Tipp City

City

Ohio

State

45371

ZIP Code

Seal



Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 

12/30/2022

  
STEPHANIE HARRIS  
Notary Public, State of Ohio  
My Commission Expires  
May 8, 2023

Notary Public

Date Commission Expires (MM/DD/YYYY) 

05/08/2023

**AFFIDAVIT OF PERSONAL PROPERTY**

State of OHIO

County of MIAMI

Erk Nordquist  
Name of Officer

CEO of US Operations  
Title of Officer

of Magna IV USA Inc.  
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1703.17

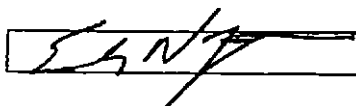
That above-named corporation: (Check one (1) of the following)

- ☒ Has no personal property in any county in Ohio
- ☐ Is the type required to pay personal property taxes to state authorities only
- ☐ Has personal property in the following county (ies)

                      
County

                      
County

                      
County

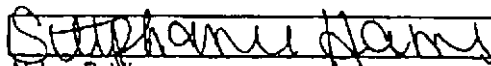
Signature 

Title CEO of US Operations

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 12/30/2022



STEPHANIE HARRIS  
Notary Public, State of Ohio  
My Commission Expires  
May 8, 2023

  
Notary Public

Date Commission Expires (MM/DD/YYYY) 05/08/2023