

5/12/22 1:53 PM

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

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : LICENSES ETC INC
 Account Number : I20070000159
 Phone : (239)777-1028
 Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

2022 MAY 12 11:44:26

2022 MAY 12 PM 12:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION
 POWER SOLUTIONS GROUP INC.**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

(((H22000170707 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWER SOLUTIONS GROUP INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LISA ADAMS

Name of Person

LICENSES. ETC., INC.

Firm/Company

27911 CROWN LAKE BLVD., SUITE #211

Address

BONITA SPRINGS, FL 34135

City/State and Zip code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

at (239) 777-1028

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

1. POWER SOLUTIONS GROUP INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN 3. 26-4716763
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/23/2009 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18377 E. 14 MILE ROAD, FRASER, MI 48026
(Principal office street address)

18377 E. 14 MILE ROAD, FRASER, MI 48026
(Current mailing address, if different)

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

Name: LICENSES, ETC., INC.

Office Address: 27911 CROWN LAKE BLVD., SUITE #211

BONITA SPRINGS Florida 34135
(City) (Zip code)

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TALLAHASSEE, FLORIDA
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9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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 under the law of which it is incorporated.

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

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A. DIRECTORS

Chairman Name ROBERT DOAN

Vice Chairman Address 18377 E. 14 MILE ROAD

Director FRASER, MI 48026

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name _____

Vice Chairman Address _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name _____

Vice Chairman Address _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name _____

Vice Chairman Address _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name _____

Vice Chairman Address _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name _____

Vice Chairman Address _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

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

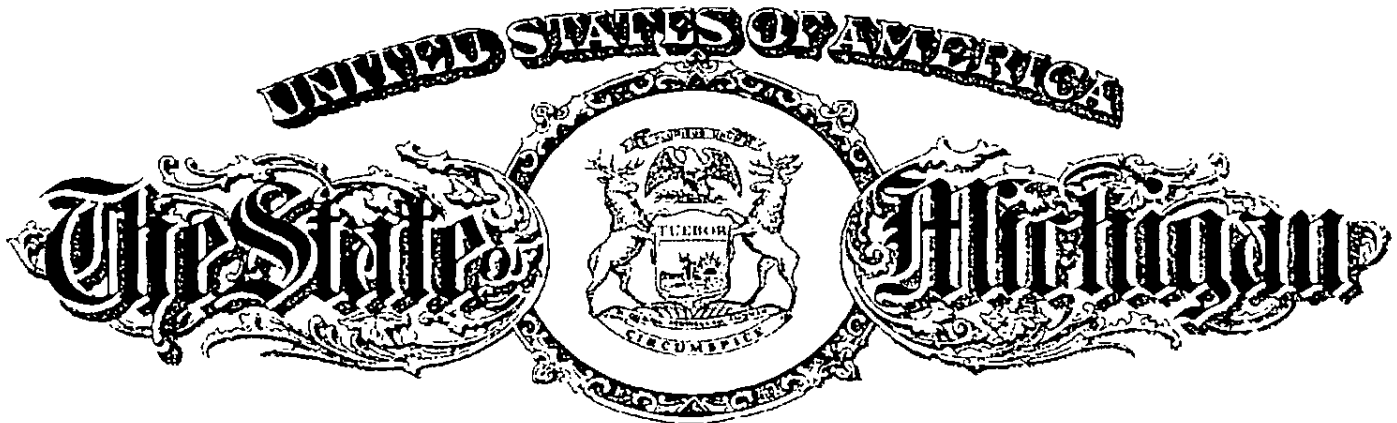
12. _____
Signature of Director or Officer

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.

13. ROBERT DOAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

POWER SOLUTIONS GROUP INC.

was validly incorporated on April 23, 2009 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of May, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22050378510

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpvenfycertificate>.

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