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| To: Qualification/Tax Lien Section |
|--|
| Division of Corporations |
| SUBJECT: Superior Financial Services, 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", 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: |
| Mr. William R. Haese |
| (Name of Person) |
| Superior Financial Services, Inc. |
| (Firm/Company) 200003468752-3 |
| W175 N11117 Stonewood Dr., Suite 104 +****70.00 ******70.00 |
| (Address) |
| W-27843 |
| Germantown, WI 53022 (City/State/Zip) |
| (Ozty, Sumo, m.p) |
| Should you need to call someone concerning this matter, please call: |
| TAS OC |
| Debra Haese at (262) 253-1205 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| |
| CONTROL ADDRESS: [MAILING ADDRESS: [MAILING ADDRESS: [MAILING ADDRESS] |
| COURTER ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section |
| Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations |
| DO Des Cara |
| Tallahassee, FL 32399 Tallahassee, FL 32314 |
| Tallahassee, FL 32399 Tallahassee, FL 32314 Tallahassee, FL 32314 |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 27, 2000

WILLIAMS R. HAESE W175 N11117 STONEWOOD DR., STE 104 GERMANTOWN, WI 53022

SUBJECT: SUPERIOR FINANCIAL SERVICES, INC.

Ref. Number: W00000027843

We have received your document for SUPERIOR FINANCIAL SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 500A00060069

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

| I, the undersigned William R. Hoese, do hereby certify |
|---|
| I, the undersigned william to 1 1 occurrence |
| (Name) |
| that this Resolution of the Board of Directors of |
| |
| SUPERIOR FINANCIAL SERVICES, INC. (Corporate Name) |
| (Corporate Name) |
| a corporation duly organized and existing under the laws of the State of Usconsing. |
| |
| was duly adopted on December 4 20 00. |
| was duly adopted on December Services he |
| Be it resolved, that SUPER IOR FINANCIAL SERVICES, his (Corporate Name) |
| (Corporate Hams) |
| organized and existing in the State of UISCONSIA, hereby adopts the name |
| organized and existing in the case of the for use in Florida. |
| SUPERCOR FINANCIAL The for use in Florida. |
| en e |
| To o |
| FO CONTRACTOR OF THE PROPERTY |
| Dated: 12/4/00 |
| 93 1 = |
| Marie Ho m |
| Signature of either Chairman, Vice Chairman or any officer |
| ##################################### |
| William R. Hoese |
| 그는 사람들이 되었다. 그는 사람들이 되었다면 보다 하는 사람들이 되었다면 보다 되었다. 그는 사람들이 되었다면 보다 보다 되었다면 보다면 보다 되었다면 |

INHS19(1/00)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | TATE OF FLORIDA. |
|---|---|
| 1. Superior Financial Services, Inc. (Name of corporation; must include the work "INCORPORATED", "COMPANY", "words or abbreviations of like import in language as will clearly indicate that it is a c natural person or partnership if not so contained in the name at present.) | |
| 2. Wisconsin 3. 39-1992135 | |
| (State or country under the law of which it is incorporated) (FEI | number, if applicable) |
| 4. 04/10/2000 5. perpetual | - |
| (Date of incorporation) (Duration: Year corp. will cea | se to exist or "perpetual") |
| 6. upon approval of registration in Florida | |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 | 2 and 817.155, F.S.) |
| 7. 13480 N.W. Fourth Street, #105 | |
| Pembroke Pines, FL 33028 | |
| (Current mailing address) | |
| to engage in any lawful activity within the purposes for w organized under the Wisconsin Business Corporation Law, Ch | hich a corporation may be pt.180 of Wisconsin Statutes |
| (Purpose(s) of corporation authorized in home state or country to be carried out | in state of Florida) |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Dr | on Boy NOT accentable) |
| | op Dox 1301 acceptable) |
| Name: Mr. Steven P. Harrington | op box <u>i,or</u> acceptable) |
| | |
| Office Address: 13480 N.W. Fourth St., #105 | · · · · |
| Office Address: 13480 N.W. Fourth St., #105 Pembroke Pines: , Florida, 33026 (Zip of | B |
| Office Address: 13480 N.W. Fourth St., #105 Pembroke Pines: , Florida, 33026 (Zip of | 8 code) |
| Office Address: 13480 N.W. Fourth St., #105 Pembroke Pines: , Florida, 33026 (Zip of 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stands application, I hereby accept the appointment as registered agent and agree to accept with the provisions of all statutes relative to the proper and complete performance. | Sode) ALCONOMICS OF THE PLACE designated in this capacity I further agree to |
| Office Address: 13480 N.W. Fourth St., #105 Pembroke Pines: , Florida, 33026 (Zip of 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stands application, I hereby accept the appointment as registered agent and agree to accept with the provisions of all statutes relative to the proper and complete performance. | Sode) ALCONOMICS OF THE PLACE designated in this capacity I further agree to |
| Office Address: 13480 N.W. Fourth St., #105 Pembroke Pines: , Florida, 3302 | Sode) ALCONOMICS OF THE PLACE designated in this capacity I further agree to |

11. 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.

12. Names and addresses of officers and/or directors: (Street address DNLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: no directors, per Articles of Incorporation Address: _____ Vice Chairman: _ Address: _ Director: Address: Address: ___ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Mr. William R. Haese W175 N11117 Stonewood Dr., Suite 104, Address: Germantown, WI 53022 Vice President: Ms. Debra A. Haese Address: same Π Ms. Debra A. Haese Secretary: Address: Mr. William R. Haese Treasurer: same Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

William R. Haese, President

(Typed or printed name and capacity of person signing application)

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

SUPERIOR FINANCIAL SERVICES INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is APRIL 4, 2000.

I further certify that that said corporation has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats.; and that said corporation has not filed articles of dissolution.

IN TESTIMONY WHEREOF? I have hereunto set my hand and affixed the official seal of the Department on November 8, 2000

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

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Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.