

FO 3000002705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

BUSSE/SJI

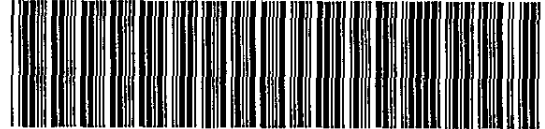
124 N. Columbus Street • Randolph, Wisconsin 53956

Certified

MAY 2003 MADISON, WI 537

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 27 AM 10:52

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARROWHEAD SYSTEMS INCORPORATED
(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:

JODEEN EXNER
(Name of Person)
ARROWHEAD SYSTEMS INCORPORATED
(Firm/Company)
124 NORTH COLUMBUS STREET
(Address)
RANDOLPH, WI 53956
(City/State and Zip code)

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For further information concerning this matter, please call:

JODEEN EXNER at (920) 326-3131
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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

**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. ARROWHEAD SYSTEMS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WISCONSIN 3. 48-1298562
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/11/03 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/4/03
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 124 NORTH COLUMBUS ST., RANDOLPH, WI 53956 (NO FL LOCATION)
(Principal office address)
124 NORTH COLUMBUS ST., RANDOLPH, WI 53956
(Current mailing address)

8. Holding Company
(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 Drop Box **NOT** acceptable)

Name: NRAI Services Inc.

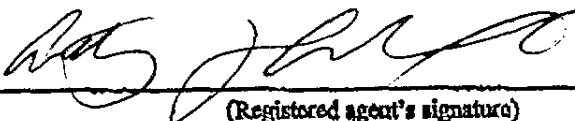
Office Address: 526 E Park Ave.

Tallahassee, Florida 32301
(City) (Zip code)

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10. 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)

Anthony J. Alexander, Asst. Secretary

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

~~President~~ THOMAS YOUNG, CEO

Address: 124 N COLUMBUS STREET

RANDOLPH, WI 53956

~~Vice President~~ BRIAN RAU, CFO

Address: 124 N COLUMBUS STREET

RANDOLPH, WI 53956

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian C. Rau

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRIAN RAU, CFO

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

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DOM NEW
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

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

ARROWHEAD SYSTEMS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JANUARY 24, 2003.

I further certify 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.

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DIVISION OF CORPORATIONS
SECRETARY OF STATE



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 13, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: Patricia Weber