F06000002425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CMIC SPECIALTY 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.

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Please return all correspondence concerning this matter to the following:

LAURIE STIMERS, SECRETARY
(Name of Person)

CMIC SPECIALTY SERVICES, INC.
(Firm/Company)

3000 SCHUSTER LANE
(Address)

MERRILL, WI 54452
(City/State and Zip code)

For further information concerning this matter, please call:

LAURIE STIMERS, SECRETARY at (715) 536-5577
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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. CMIC SPECIALTY SERVICES, 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. WISCONSIN
(State or country under the law of which it is incorporated)

3. 20-3927225
(FEI number, if applicable)

4. 11/28/05
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

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6. 04/01/06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3000 SCHUSTER LANE MERRILL, WI 54452
(Principal office address)

3000 SCHUSTER LANE MERRILL, WI 54452
(Current mailing address)

8. TO OPERATE AS AN INSURANCE AGENCY
(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 NOT acceptable)

Name: KIM PUCKETT

Office Address: 222 S. WESTMONTE DR., STE 207

ALTAMONTE SPRINGS (City), Florida 32714 (Zip code)

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)

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: SEE ATTACHED

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: SEE ATTACHED

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Laurie Stimers
(Signature of Director or Officer listed in number 12 of the application)

14. LAURIE STIMERS, OFFICER OF COMPANY
(Typed or printed name and capacity of person signing application)

CMIC SPECIALTY SERVICES, INC.

DIRECTORS

NAME & ADDRESS
Gerald Whitburn 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
Wilburn Weber 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
Dieter Nickel 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
Marsha Lindsey 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
David Smith 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577

OFFICERS

NAME & ADDRESS
Gerald Whitburn - President *Listed Above
Randy Brandner - Vice President 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
Mike Ravn – Executive Vice President 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
Herman Vandenberg – Treasurer 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577
Laurie Stimers - Secretary 3000 Schuster Lane Merrill, WI 54452 (715) 536-5577

DOM NEW
180 181 185

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

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TALLAHASSEE, FLORIDA

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

CMIC SPECIALTY SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is NOVEMBER 28, 2005.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or limited liability company has not filed articles of dissolution.

Department of Financial Institutions
State of Wisconsin

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 22, 2006.

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

BY: Patricia Weber

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.