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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: JOCK Schroed Associates, Ir (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:
Retail Henremerer
(Name of Person)
Jack Schroeder and Associates, Inc. (Firm/Company)
2010 HOLDEZ AVE.
(Address)
Green (BOY (1)) 1 54311
(City/State and Zip code)
For further information concerning this matter, please call:
Betsy Heinemeyer at (920) 884-3200
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section  New Filing Section
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{Certificate of Status}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Jack Schreder and Associates, 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. (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
1/-1-83 ENCORTION
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6 <i>N/A</i>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2 200 Alarz Are Green Pay WI 54311 == ==
(Principal office address)
add Allace Ave, Green Bay, WI 54361 5
(Current mailing address)
8. Insurance Brokerage
(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: SCACOCOCC
Office Address: 450 Diamond Center Ct, Bld 9, Unit 900
Fort Micks, Florida 33912
(City) (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.
Right College
(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. DIRE	CTORS	
Chairman:	Brian T Schroeder	
Address: _	20104 Allouez Ave	
_	Green Bay (1)1 54311	
Vice Chair	man: Christopher & Schroeder	
Address: _	2833 Blue Space Dr	
_	Green (504 WI 5431)	
Director: _	Shawn T Schroeder	
Address: _	2000 Meadowsweet Dr	
	Green 13ay W1 S1313	
Director: _	Petsy Heinemeyer	
Address: _	2918 Apole Pidge Ct	
, _	Green Bay W 54311	
B. OFFIC	CERS LICE TO THE CERS	The state of the s
President:		T. C. C. L. I.
Address: _	2000 Meadouswet Dr	
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Vice Presid	Charle Charles C. Cab cadac	
Address:	2822 Blue Source D	
Address:	Green Par 111 71211	—
-	Mercil Mileon	
Secretary:	5/22 Caroly Orad S (Anto Carota 11) 711	<u>ー</u>
Address: _	Cata Laboration Control WI 341.	<u>೩</u>
Treasurer:	2918 DONE PINO C+ Green Pay (1) 94311	<u> </u>
Address: _	2918 HARRICE CT CIPPLITIZED WI SADII	
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	Extru & Nemeur	
	(Signature of Director or Officer listed in number 12 of the application)	
14	LESYK-teinemeyer	
	(Typed of printed name and capacity of person signing application)	

DOM 180 181 183

#### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

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

#### JACK SCHROEDER AND ASSOCIATES, 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 1, 1983.

I further certify that the Articles of Incorporation filed November 1, 1983 are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180,1622, 180,1921, 181,1622 or 183,0120, Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 27, 2009.

RAY ALLEN, Deputy Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

Hy Mickel Son BY:

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.