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 : C T CORPORATION SYSTEM

Account Number: FCA00000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

J.P. Cullen & Sons, Inc.

Certificate of Status	0
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JAN 20 2016

S. YOUNG

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Help

COVER LETTER

TO: Registration Section Division of Corporation	ıc				
J.P. Cullen & Sons	, Inc.				
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor	Certificate of Good Stan	ding" and check are sub	et Business in Flori Omitted to register th	da," ne	
Please return all correspondence Ben Pechan	concerning this matter	to the following:		16 J	
	Name of I	Person		<u></u>	
J.P. Cullen & Sons, Inc.				9 F	
Firm/Company					
330 East Delayan Drive			2000-2000 2000-2000 2000-2000-2000-2000		
Janesville WI 53546	Addre	SS		<u> </u>	
ben.pechan@jpcullen.com	City/State ar	d Zip code	,		
E-ma	il address: (to be used f	or future annual report	notification)	, <u></u>	
For further information concerns	ng this matter, please c	all:			
Ben Pechan	608 at (8 757-6789			
Name of Person	Area Code	Daytime Telep	hone Number		
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Of Tallahassee, FL 32301	s Circle	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		
Enclosed is a check for the follo	wing amount:				
	.75 Filing Fee & Trifficate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	Status &	

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. J.P. Cullen & Sons, 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) 39-1367756 (State or country under the law of which it is incorporated) (FEI number, if applicable) 5/7/1929 (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) 330 East Delavan Drive; Janesville, WI 53546 (Principal office address) PO Box 5957; Janesville, WI 53547-5957 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 S Pine Island Road Office Address: Plantation 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.



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.

1/19/2016 1:54:33 PM From: To: 8506176383(4/5)

11. Nan	nes and business addresses of officers and/or directors:	
A. DIR	ECTORS	
Chairman	Mark A. Cullen	
Address:	330 East Delavan Drive	
	Janesville WI 53546	
Vice Cha	irman:	
Director:		
Address:		
Director:		
Address:		
		5
B. OFF	ICERS	第四 复 カ
President:	Ronald L. Becher	3 7 F
Address:	330 East Delavan Drive	
	Janesville WI 53546	Carlo
Vice Pres	ident:	ŞΞ <u>ω</u>
Secretary:		
Address:		
T re asurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the or she is aware that false information submitted in a document to the Department of	hat the facts stated herein
·	(Typed or printed name and capacity of person signing application)	<u>, , , , , , , , , , , , , , , , , , , </u>

1/19/2016 1:54:33 PM From: To: 8506176383(5/5)

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

1, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

J. P. CULLEN & SONS, 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 May 7, 1929.

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.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 19, 2016.

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions.



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 169

169194-983094F8