# F17000004620

(Re	questor's Name)	<del></del>	
· (Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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### **COVER LÉTTER**

TO: Registration Section Division of Corporations				
Silver Star Brands, Inc.				
SUBJECT:				
Nam	e of corporatio	n - must include suffix		
Dear Sir or Madam:				
	ate of Good Sta	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.		
Please return all correspondence conce Holly L Nelson	rning this matte	r to the following:		
	Name of	Person		
Silver Star Brands, Inc.				
<del></del>	Firm/Cor	npany		
250 City Center				
	Addi	ess		
Oshkosh, WI 54906				
hnelson@silverstarbrands.com	City/State	and Zip code		
E-mail addre	ess: (to be used	for future annual report notification)		
For further information concerning this	matter, please	call:		
Holly Nelson 9		232-6457		
Name of Person	at ( Area Co			
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following a  ■ \$70.00 Filing Fee □ \$78.75 Fil  Certificat		☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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

Silver Star Br			IDA.	
(Enter name of co	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
State of Wice	ble in Florida, enter alternate corporate name : onsin	39,1885871		
(State or country under the law of which it is incorporated) December 28, 1990				
	of incorporation) 5.	(Date of duration, if other than	perpetual)	
250 City Cente	(Date first transacted business in (SUE SECTIONS 607.150) & 607.15 er, Oshkosh, WI 54906	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
7	(Princip	al office address)		
	(Current mailin	g address, if different)		
8. Name and <u>stree</u> Name;	t address of Florida registered agent: (P.C Corporate Creations Network Inc.	). Box <u>NOT</u> acceptable)	00T #3 A#	
Office Address:	11380 Prosperity Farms Road, #2	<del></del>		
	Palm Beach Gardens	33410 , Florida	49	
	(City)	(Zip code)		
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r amiliar with and accept the obligations of	ndnt as registered agent and agree to plative to the pr <del>oper and compl</del> ete p	o act in this capacity. erformance of my	

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A.	DIRECTORS		

Chairman	Robert B. Goergen, Jr.			<del></del> ,
Address:	11950 Turtle Beach Road			
ruuress.	North Pal Beach, FL 33408			
Vice Chai	irman:			
Address:	· ·			
Di <b>re</b> ctor:	Robert B. Goergen			
Address:	11950 Turtle Beach Road			
	North Palm Beach, FL 33408			
Director:				
Address:				
B. OFF	ICERS		LOG AL	
President:	Robert B. Goergen, Jr.	<u> </u>	چ م	
Address:	See above	9: 9:		<del></del>
	ident: Holly Nelson 250 City Center, Oshkosh, WI 54906		9	
Secretary:	Holly Nelson			
Address:	same as above			
Treasurer	Holly Nelson same as above			
Address:	Same as above			
<b>NOTE:</b> 12.	If necessary, you may attach ah addendum to the application listing additional officers and signature of Director or Officer	/or dire	ectors.	
The office are true at third do Hol	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.  Ty Nelson, Secretary  (Typed or printed name and capacity of person signing application)	e facts		

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#### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### SILVER STAR BRANDS, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is December 28, 1990.

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 October 6, 2017.

MARY ANN McCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

BY: