

F180000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

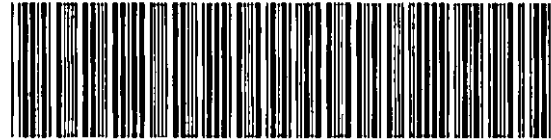
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500307591665

01/16/18--01017--014 **78.75

11:11
18 JAN 16 PM 2:49
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

JAN 17 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIPHATECH, 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," or "Certificate of Good Standing" 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:

PATRICK FISCHER

Name of Person

LIPHATECH, INC

Firm/Company

3600 W ELM ST

Address

MILWAUKEE, WI 53209

City/State and Zip code

FISCHER P@LIPHATECH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAT FISCHER

Name of Person

at (414) 410-7236

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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 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. L I P H A T E C H , I N C .
(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 3. 74-3062184
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 15, 2002 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)

6. JANUARY 1, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3600 W E L M S T , M I L W A U K E E , W I 53209
(Principal office address)

3600 W E L M S T , M I L W A U K E E , W I 53209
(Current mailing address, if different)

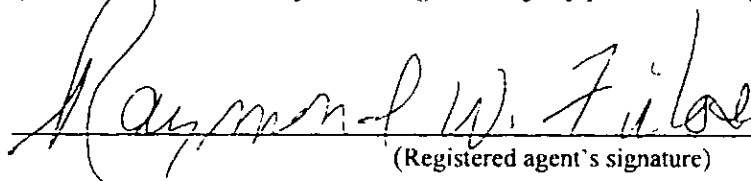
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RAYMOND FINKE

Office Address: 485 BRICKELL AVE # 4404
MIAMI, Florida 33131
(City) (Zip code)

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
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
uties, and I am familiar with and accept the obligations of my position as registered agent.*


(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
ler the law of which it is incorporated.

FILED
18 JAN 16 PM 2:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: NICOLAS FILLON

Address: 3600 W ELM ST

MILWAUKEE, WI 53209

Director: _____

Address: _____

B. OFFICERS

President: MANUEL MARTINEZ

Address: 3600 W ELM ST

MILWAUKEE, WI 53209

Vice President: _____

Address: _____

Secretary: PATRICK FISCHER

Address: 3600 W ELM ST, MILWAUKEE, WI 53209

Treasurer: PATRICK FISCHER

Address: Same

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

Patrick Fischer

Signature of Director or Officer

Each officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PATRICK FISCHER, SECRETARY

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

FILED
18 JAN 16 PM 2:49
TALLAHASSEE, FLORIDA

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

LIPHATECH, INC.

is a domestic corporation or limited liability company organized under the laws of this state and the date of incorporation or organization is July 15, 2002.

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.

18 JAN 16 PM 2:49
RECEIVED
DIVISION OF FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on December 20, 2017.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

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



BY: _____

A handwritten signature in cursive script that reads "Linda Anderson".