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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

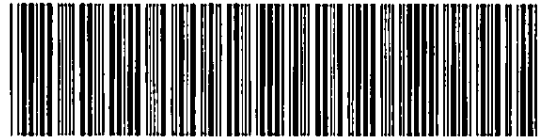
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N. CAUSSEAU

JAN 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations
BERGAMOT MANAGEMENT CORP.

SUBJECT: _____
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:
Larry K. Libman, Esq.

Axley Brynclson, LLP	Name of Person
Post Office Box 1767	Firm Company
Madison, Wisconsin 53701-1767	Address
llibman@axley.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Larry K. Libman, Esq.	608	257-5661
Name of Person	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.

BERGAMOT MANAGEMENT CORP.

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MAY 11 2018
11:09 AM

1. _____
(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)
Wisconsin 83-1482939

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
July 30, 2018

4. _____ 5. _____
(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)
101 E. Main Street, Suite 500, Mount Horeb, Wisconsin 53572

7. _____
(Principal office address)

(Current mailing address, if different)

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

Berlin Patten Ebling, PLLC

Name:

3700 South Tamiami Trail, Suite 200

Office Address:

Sarasota

34239

Florida

(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 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.



MARK C. HANEWICH

(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Joseph R. Gallina

Director: _____

101 E. Main Street, Suite 500

Address: _____

Mount Horeb, Wisconsin 53572

H. Bruce McClaren

Director: _____

201 E. Ogden Avenue

Address: _____

Hinsdale, Illinois 60521

B. OFFICERS

Joseph R. Gallina

President: _____

101 E. Main Street, Suite 500

Address: _____

Mount Horeb, Wisconsin 53572

Howard W. Edison

Vice President: _____

201 E. Ogden Avenue

Address: _____

Hinsdale, Illinois 60521

H. Bruce McClaren

Secretary: _____

201 E. Ogden Avenue, Hinsdale, Illinois 60521

Address: _____

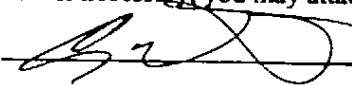
H. Bruce McClaren

Treasurer: _____

201 E. Ogden Avenue, Hinsdale, Illinois 60521

Address: _____

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

12.  _____
Signature of Director or Officer

The 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.

Craig Enzenroth, Vice President

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

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

11.A., DIRECTORS, Continued:

Howard W. Edison
201 E. Ogden Avenue
Hinsdale, Illinois 60521

11.B., OFFICERS, Continued:

Vice President: Craig Enzenroth
101 E. Main Street, Suite 500
Mount Horeb, Wisconsin 53572

Vice President-Operations: Brian McClaren
201 E. Ogden Avenue
Hinsdale, Illinois 60521

11/11/15
9:15 AM
DEC 26
11/11/15

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:

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

BERGAMOT MANAGEMENT CORP.

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 July 30, 2018.

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.

FILED
SECRETARY
NOV 28 2018
AM 9:15



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 28, 2018.

Handwritten signature of Mary Ann McCoshen in black ink.

MARY ANN MCCOSHEN, 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: 232676-C9758673