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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

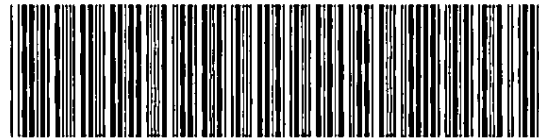
(Business Entity Name)

(Document Number)

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FILED
2019 MAR 11 PM 1:01
SECRETARY OF STATE
DALLAS, TEXAS

BRUCE
MAR 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRUCTURAL COMPONENTS CORPORATION
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:

DENNIS RABE

Name of Person

STRUCTURAL COMPONENTS CORPORATION

Firm/Company

730 PACKERLAND DRIVE

Address

GREEN BAY, WI 54303

City/State and Zip code

dennis@sccsteel.com

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

For further information concerning this matter, please call:

DENNIS RABE

Name of Person

at (920) 499-5112

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

FILED
 2019 MAR 11 PM 1:01
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

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.

STRUCTURAL COMPONENTS CORPORATION

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)

2. WISCONSIN (State or country under the law of which it is incorporated) 3. 39-1169074 (FEI number, if applicable)

4. JULY 26, 1972 (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. MAY 1, 2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 730 PACKERLAND DRIVE, GREEN BAY, WI 54303 (Principal office address) P.O. BOX 10237, GREEN BAY, WI 54307-0237 (Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM Office Address: 1200 SOUTH PINE ISLAND ROAD PLANTATION, Florida 33324 (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.

(Registered agent's signature)

DALYNA ANONITA GRAY CHIEF ASSISTANT SECRETARY

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.

FILED 2019 MAR 11 PM 1:01 DEPARTMENT OF STATE TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: CRAIG DUFEK

Address: 2073 MUIRWOOD LANE

GREEN BAY, WI 54313

Director: ROGER T. HOLZ

Address: 3625 POINT LANE

GREEN BAY, WI 54311

B. OFFICERS

President: CRAIG DUFEK

Address: 2073 MUIRWOOD LANE

GREEN BAY, WI 54313

Vice President: ROGER T. HOLZ

Address: 3625 POINT LANE

GREEN BAY, WI 54311


Secretary: _____

Address: _____

Treasurer: DENNIS RABE

Address: 4508 N. STONEBRIDGE CT., APPLETON, WI 54913

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.

13. DENNIS RABE, TREASURER

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

FILED
2019 MAR 11 PM 1:01
MILWAUKEE CLERK OF COURT

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

STRUCTURAL COMPONENTS CORPORATION

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is July 26, 1972.

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 March 5, 2019.

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, likely of the same person as the signature above, but less legible.

