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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

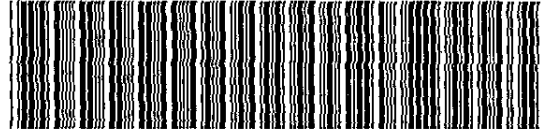
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/28/06--01003--008 **930.00

04/04/06--01034--001 **70.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2006

ROBERT STOEHR
P.O. BOX 100
MARATHON, WI 54448-0100

SUBJECT: NATIONWIDE LIMITED PARTNERSHIP
Ref. Number: W06000016627

We have received your document for NATIONWIDE LIMITED PARTNERSHIP and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$930.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 206A00023639

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nationwide Limited Partnership
(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," 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:

Robert D Stoehr
(Name of Person)
Nationwide Limited Partnership
(Firm/Company)
PO Box 100
(Address)
Marathon WI 54448-0100
(City/State and Zip code)

For further information concerning this matter, please call:

Robert D Stoehr at (715) 848-1365
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONWIDE OF WISCONSIN LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

BOB STOENR
(Contact Person)

COUNTY MATERIALS CORP.
(Firm/Company)

PO Box 100
(Address)

MARATHON, WI 54448
(City, State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

BOB STOENR at (715) 443-6261 ext. 272
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET 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

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. NATIONWIDE OF WISCONSIN LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 205 NORTH STREET, PO Box 100
(Street address of initial designated office)

MARATHON, WI 54448

3. JOHN SONNENTAG
(Name of Registered Agent for Service of Process)

4. 25750 CR 561
(Florida street address for Registered Agent)

ASTATULA, FL 34705-0435

5. 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.


Signature of Registered Agent

6. 205 NORTH STREET, PO Box 100
(Mailing address of initial designated office)

MARATHON, WI 54448

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:

Business Address:

JOHN SONNENTAG

PO BOX 435

ASTATULA, FL 34705

CAROLYN SONNENTAG

PO BOX 435

ASTATULA, FL 34705

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 24 day of APRIL, 2006

Signature of each general partner:

John Sonnentag

Carolyn J. Sonnentag

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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SECRETARY OF STATE
ALBUQUERQUE, NM

FILED