

F00000000 68.6

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MALLORY IMPROVEMENT CORP.

(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:

400003102084--1

-01/19/00--01017--008

*****78.75 *****78.75

NICHOLETTE G. REINHARDT

(Name of Person)

MALLORY IMPROVEMENT CORPL

(Firm/Company)

6635 SOUTH 13TH STREET

(Address)

MILWAUKEE, WISCONSIN 53221

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

NICHOLETTE G. REINHARDT

(Name of Person)

at (414) 747-7200

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

RECEIVED
TALLAHASSEE, FL 32314

00 FEB -8 PM 1:33

FILED

SL



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 25, 2000

NICHOLETTE G. REINHARDT
MALLORY IMPROVEMENT CORP.
6635 SOUTH 13TH STREET
MILWAUKEE, WI 53221

SUBJECT: MALLORY IMPROVEMENT CORP.
Ref. Number: W00000002057

We have received your document for MALLORY IMPROVEMENT CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 200A00003464

FILED
00 FEB -8 PM 1:33
TALLAHASSEE, FLORIDA

**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. MALLORY IMPROVEMENT CORP.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. WISCONSIN
(State or country under the law of which it is incorporated)
3. 39-1226030
(FEI number, if applicable)
4. DECEMBER 29, 1967
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6635 SOUTH 13TH STREET
MILWAUKEE, WISCONSIN 53221
(Current mailing address)
8. OWN PROPERTY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: TONI CRIST
Office Address: 2208 IDLEWILD ROAD
PALM BEACH GARDENS, Florida, 33410
(Zip code)

FILED
00 FEB -8 PM 1:33
TALLAHASSEE, FLORIDA

10. 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.

Toni Crist
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: FRANK P. GIUFFRE

Address: 929 NORTH ASTOR STREET
MILWAUKEE, WISCONSIN 53202

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: FRANK P. GIUFFRE

Address: 929 NORTH ASTOR STREET
MILWAUKEE, WISCONSIN 53202

Vice President: DOMINIC J. GIUFFRE

Address: 8101 SOUTH 68TH STREET
FRANKLIN, WISCONSIN 53132

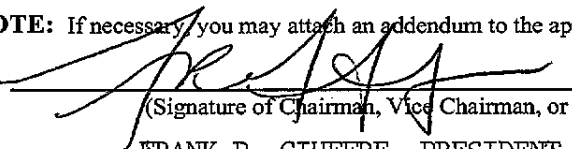
Secretary: DOMINIC J. GIUFFRE

Address: 8101 SOUTH 68TH STREET
FRANKLIN, WISCONSIN 53132

Treasurer: FRANK P. GIUFFRE

Address: 929 NORTH ASTOR STREET
MILWAUKEE, WISCONSIN 53202

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANK P. GIUFFRE, PRESIDENT

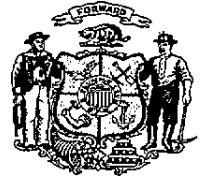
(Typed or printed name and capacity of person signing application)

FILED
FEB - 8 9 11:33
MILWAUKEE, WISCONSIN

DOM
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

MALLORY IMPROVEMENT CORP.

is a domestic corporation organized under the laws of this state and that its date of incorporation is December 26, 1967.

I further certify that corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, 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 January 13, 2000.

RICHARD L. DEAN, Secretary
Department of Financial Institutions

BY: *Anne Ploessl*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.