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Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 5/11

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***3450.00 ***3450.00

Corporation(s) Name

CV PROS Franchise Company, Inc

☒ Profit
() Nonprofit

() Amendment

() Merger

☒ Foreign
() LLC

() Dissolution
() Withdrawal

() Mark

() Limited Partnership
() Reinstatement
() UCC () 1 or () 3

() UBR
() Fictitious Name

() Other
() Ch. RA

***Special Instructions**

(4)

() Certified Copy

() Photocopies

() CUS

() arts/ameds/mergers () Other-See Above

(XXX) Walk in

(XXX) Pick-up

() Will Wait

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

00 MAY 11 PM 1:13

RECEIVED

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

5/11

**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. **CV Pros Franchise Company, Inc.**

(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. **39-1843921**

(FEI number, if applicable)

4. **June 7, 1995**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **November 23, 1997**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **2310 Advance Road**

Madison, Wisconsin 53418

(Current mailing address)

8. **Automotive Franchises**

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

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.

C T Corporation System

Connie Bryan
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Joseph F. Kielbasa

Address: ~~2910 Advance Road~~ 1505 N. A1A
~~Madison, Wisconsin 53718~~ Indianantic, FL 32903

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Joseph F. Kielbasa, President
(Typed or printed name and capacity of person signing application)

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, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

CV PROS FRANCHISE COMPANY

is a domestic corporation organized under the laws of this state and that its date of incorporation is June 7, 1995.

I further certify that said 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 May 8, 2000.

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: Robert Kowalski

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.