

# F02000000826

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Associated Training Services Corp.  
(Name of corporation - must include suffix)

300004914763--7  
-02/13/02--01050--008  
\*\*\*\*\*82.75 \*\*\*\*\*78.75

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:

Mark Klabacka

(Name of Person)

Associated Training Services Corp.

(Firm/Company)

South  
5825 Dale Mabry Dr.

(Address)

Tampa, FL 33706 33611

(City/State and Zip code)

For further information concerning this matter, please call:

Mark Klabacka

(Name of Person)

at ( 813 ) 832-3610

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

x 4-Copies

2/15

**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. Associated Training Services 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 3. 39-1869779  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-3-96 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5825 S. Dale Mabry Dr., Tampa, FL 33706  
(Principal office address)

same  
(Current mailing address)

8. branch facility for private vocational school  
(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)

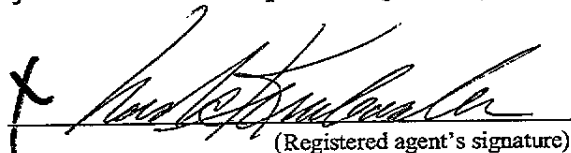
Name: Mark Klabacka

Office Address: 5825 S. Dale Mabry Dr.

Tampa, Florida 33706  
(City) (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.*

  
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Lucille Klabacka

Address: 2227 Marlboro Dr.  
Henderson, NV 89014

Vice Chairman: John Klabacka

Address: 7190 Elder Lane  
Sun Prairie, WI 53590

Director: Mark Klabacka

Address: 650 Schiller St.  
Sun Prairie, WI 53590

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Mark Klabacka

Address: 650 Schiller St.  
Sun Prairie, WI 53590

Vice President: John Klabacka

Address: 7190 Elder Lane  
Sun Prairie, WI 53590

Secretary: Jerry Klabacka

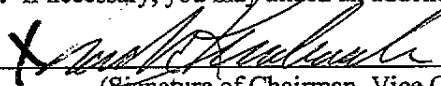
Address: 7190 Elder Lane, Sun Prairie, WI 53590

Treasurer: Jerry Klabacka

Address: same as above

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TALLAHASSEE, FLORIDA

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

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

14. Mark Klabacka  
(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

ASSOCIATED TRAINING SERVICES CORP.

is a domestic corporation organized under the laws of this state and that its date of incorporation is December 3, 1996.

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 February 5, 2002.



*[Handwritten signature of Ray Allen]*

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

BY: *Cathy Mickelson*