F02000000881

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEAl, Inc.
(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:

Eli E. Woyke
(Name of Person)

MEAl, Inc.
(Firm/Company)

200004947542--7
-02/18/02--01041--009
*****78.75 *****78.75

5117 University Avenue
(Address)

Madison, WI 53705
(City/State and Zip code)

For further information concerning this matter, please call:

Eli E. Woyke at (608) 218-6798
(Name of Person) (Area Code & Daytime Telephone Number)

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02 FEB 18 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Enclosed is a check for the following amount:

4th

☐ $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

2/20

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. MEA1, 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. 39-2043580
(FEI number, if applicable)

4. 11/9/01
(Date of incorporation)

5. Perperual
(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. 5117 University Avenue Madison, WI 53705
(Principal office address)

5117 University Avenue Madison, WI 53705
(Current mailing address)

8. Any lawful business
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

Christine M. Eastwine
Assistant Secretary
(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 business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

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

14. Alan G. Hembel, Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

MEA1, INC.

BOARD OF DIRECTORS	BUSINESS ADDRESS	HOME ADDRESS
Timothy B. Erdman Chairperson of the Board	5117 University Avenue Madison, WI 53705	3226 Lake Mendota Drive Madison, WI 53705
David W. Braucht	5117 University Avenue Madison, WI 53705	1402 Club Circle Middleton, WI 53562
Kurtis M. Helin	5117 University Avenue Madison, WI 53705	5934 Woodsedge Road Madison, WI 53711
Paul G. Flehmer	350 Interlocken Blvd. Suite 275 Broomfield, CO 80021	625 Highland Ave, Boulder, CO 80302
Scott R. Saunders	5117 University Avenue Madison, WI 53705	1120 Cohiba Court Verona, WI 53593

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TALLAHASSEE FLORIDA

OFFICERS	BUSINESS ADDRESS	HOME ADDRESS
Timothy B. Erdman Chairperson of the Board	5117 University Avenue Madison, WI 53705	3226 Lake Mendota Drive Madison, WI 53705
Scott A. Ransom President	5117 University Avenue Madison, WI 53705	9 Brule Circle Madison, WI 53717
Kurtis M. Helin Vice President	5117 University Avenue Madison, WI 53705	5934 Woodsedge Road Madison, WI 53711
Scott R. Saunders Vice President	5117 University Avenue Madison, WI 53705	1120 Cohiba Court Verona, WI 53593
Alan G. Hembel Secretary and Treasurer	5117 University Avenue Madison, WI 53705	2504 Nina Court Middleton, WI 53562

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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

MEA1, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is November 5, 2001.

I further certify that that said corporation has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats.; and that said corporation has not filed articles of dissolution.

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02 FEB 18 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 16, 2002.

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

BY: Cathy Mickelson

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.