

FD3000004714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

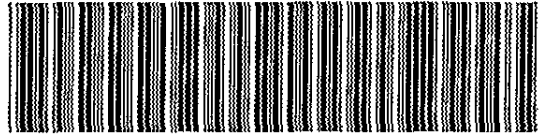
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
9/22
[signature]



800023105818

09/18/03--01055--001 **175.00

STATE FERRY
TALLAHASSEE, FLORIDA

03 SEP 18 PM 12: 50

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Fabricating and Repair 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:

Dawn Isenberg
(Name of Person)
Custom Fabricating & Repair Inc.
(Firm/Company)
PO Box 296 1932 E. 26th St.
(Address)
Marshfield, WI 54449
(City/State and Zip code)

03 SEP 18 PM 12:50
SECTION 3
TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

Dawn Isenberg at (715) 387-6598
(Name of Person) (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

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

REQUESTING
2 COPIES

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. Custom Fabricating & Repair 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 3. 39-1557927
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6-25-1986 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. 1932 E. 26th St. Marshfield, WI 54449
(Principal office address)
PO Box 296 Marshfield WI 54449
(Current mailing address)
8. Process PIPING for Food Plants
(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: NRAI SERVICES, Inc.
Office Address: 526 E. Park Ave
Tallahassee, Florida 32301
(City) (Zip code)

03 SEP 18 PM 12:50
FILED
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.

Cheryl Conklin - 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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steve Isenberg

Address: PO Box 253

Marshfield WI 54449

Director: Dawn Isenberg

Address: PO Box 253

Marshfield, WI 54449

B. OFFICERS

President: Steve Isenberg

Address: PO Box 253

Marshfield WI 54449

Vice President: Dawn Isenberg

Address: PO Box 253

Marshfield, WI 54449

Secretary: Dawn Isenberg

Address: PO Box 253 Marshfield WI 54449

Treasurer: Dawn Isenberg

Address: PO Box 253 Marshfield, WI 54449

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

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

14. DAWN Isenberg - Vice President
(Typed or printed name and capacity of person signing application)

FILED
03 SEP 18 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CUSTOM FABRICATING & REPAIR, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is June 25, 1986.

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 September 9, 2003.

A handwritten signature in black ink, appearing to read 'Ray Allen'.

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

BY: *Robert Kaso*