

# FO4000001920

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT QUALIFICATION

### GUSTAFSON CONSTRUCTION CORP

Certificate of Status	0
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**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. GUSTAFSON CONSTRUCTION CORP.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Wisconsin**

(State or country under the law of which it is incorporated)

**3.**

(FBI number, if applicable)

**4. 02/05/1991**

(Date of incorporation)

**5. Perpetual**

(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. 178 N ROYAL AVE BELGIUM, WI 53004 BELGIUM, WI 53004**

(Principal office address)

**122 21ST SW NAPLES FL 34117**

(Current mailing address)

**8. ANY AND ALL 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: **JULIE STEVENS**

Office Address: **11725 COLLIER BLVD. SUITE A1**

**NAPLES**

(City)

**Florida 34116**

(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.

*Julie Stevens*  
(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:

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**A. DIRECTORS**

Chairman: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: ROBERT C. GUSTAFSSON  
Address: 4341 HIGHLAND DR. PORT WASHINGTON, WISC 53074  
Vice President: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Secretary: BARBARA C. GUSTAFSSON  
Address: 4341 HIGHLAND DR. PORT WASHINGTON WIS 53074  
Treasurer: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)  
14. Robert Gustafsson President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

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

**GUSTAFSON CONSTRUCTION CORP.**

is a domestic corporation organized under the laws of this state and that its date of incorporation is February 5, 1991.

I further certify that said entity has, within its most recently completed report year, filed an annual report required under section 180.1622, 180.1921, 181.1622, 183.0120 or 185.48 of the Wisconsin Statutes.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 7, 2004.

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

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 of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To Validate the authenticity of this certificate

Visit this web address: <http://www.wdfr.org/apps/ccs/verify/>

Enter this code: 2807-2RFAFC43

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