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(Requestor's Name)					
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(City	//State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: R. A. Szymczak En	terprises, Ltd.		
		ion - must include suffix)	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," and che transact business in Florida.			
Please return all correspondence co	oncerning this matte	er to the following:	W05-28679
William E. Hughes III	(Name (	of Person)	7
INNERS I November and December O. C.	(Tume (	7. 1 O.301.)	
Whyte Hirschboeck Dudek S.C.	(Firm/C	ompany)	
TER Franklikalla Olivaria O. de 4000	(I IIII)	ompany)	
555 East Wells Street, Suite 1900	(Ad	dress)	
N	(114	ar 035)	
Milwaukee, WI 53202	/C:t-/State	and 7in anda)	
	(City/State	e and Zip code)	ALC: OF THE PARTY
For further information concerning	g this matter, please	call:	27 5
Teresa A. Noeske	at (608	255-4440	He is
(Name of Person)		a Code & Daytime Telepho	one Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the follow	ing amount:		
	5 Filing Fee & ificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



June 9, 2005

WILLIAM E. HUGHES III WHYTE HIRSCHBOECK DUDEK S.C. 555 EAST WELLS STREET, SUITE 1900 MILWAUKEE, WI 53202

SUBJECT: R.A. SZYMCZAK ENTERPRISES, LTD.

Ref. Number: W05000028679

We have received your document for R.A. SZYMCZAK ENTERPRISES, and your check(s) totaling \$70.00. However, the enclosed document has been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please note that this additional suffix is for use in Florida only, and does not affect your filing in Wisconsin in any way.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 805A00040583





#### Whyte Hirschboeck Dudek S.C.

Teresa A. Noeske 608-258-7137 tnoeske@whdlaw.com

June 23, 2005

Mr. Lee Rivers Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: R.A. Szymczak Enterprises, Ltd. Ref. Number: W05000028679

Dear Mr. Rivers:

On behalf of the above-referenced company, please find enclosed the Application by Foreign Corporation for Authorization to Transact Business in Florida, which we are resubmitting for filing. It is my understanding that by placing the additional suffix of "Inc." after "Ltd." for the alternate corporate name, this Application now complies with Florida law.

Also enclosed is a copy of your letter, dated June 9, 2005, which notes that the \$70 filing fee has been paid.

Thank you for your assistance.

Very truly yours,

Teresa A. Noeske

Paralegal

TAN/dam

Enclosure

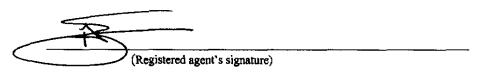
cc: William E. Hughes III

#### 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. R. A, Szymczak				
(Enter name of co	orporation; must include "INCORPORAT" orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	zak Enterprises, Ltd., In ble in Florida, enter alternate corporate na		adopted for the purpose of transacting business in Flo	orida)
Wisconsin		3.	39-1918263	
(State or country a	under the law of which it is incorporated)	-	(FEI number, if applicable)	
December 18, 1	1997	5.	perpetual	
(Date	of incorporation)	-	(Duration: Year corp. will cease to exist or "perpetual")	
5.				
- 9687 Cypress H		7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability) 34135	05 JUN
- Oct Oypicos in	(Principal office			<u></u>
0007.0	•			₹ _ !
9087 Cypress H	ammock Circle, #201, Bonita Springs, (Current mailing			===
	(ouron nammy		5	ST TO
			er activites that are permitted sountry to be carried out in state of Florida)	H <sub>aw</sub>
O. Name and street	t address of Florida registered agent: (	(P.C	D. Box NOT acceptable)	
Name:	Robert A. Szymczak		<del></del>	
Office Address:	9687 Cypress Hammock Circle, #20	1		
	Bonita Springs		, Florida 34135	
	(City)		(Zip code)	
10. Registered ag	anti- 200mt			

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.



- 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: Robert A. Szymczak	
Address: 9687 Cypress Hammock Circle, #201	
Bonita Springs, FL 34135	
Vice Chairman:	
Address:	
Director:	
Address:	
Address:	
Director:	
Address:	
	FG J
B. OFFICERS	27
President: Robert A. Szymczak	me p f
Address: 9687 Cypress Hammock Circle, #201	FF ST TS
Bonita Springs, FL 34135	番号し
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors
A D	is accident officers under all voters.
(Signature of Director or Officer listed in number 12	2 of the application)
14 Robert A. Szymczak, President	

(Typed or printed name and capacity of person signing application)

## 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

#### R. A. SZYMCZAK ENTERPRISES, LTD.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 18, 1997.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, Introduction my hand and affixed the official statof the

Department on May 23, 2005.

OF, Innere hereuntoractical staff of the

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 custodian 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.wdfi.org/apps/ccs/verify/

Enter this code:

13660-FA47E5D3