

FD6000004577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

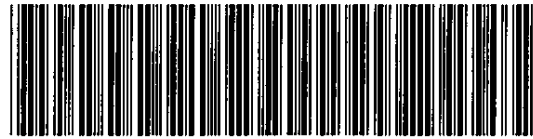
(Business Entity Name)

(Document Number)

Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE JUL 17 2006

**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. **Milwaukee Insulation Company, Inc.**

(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. **39-0926269**

(FEI number, if applicable)

4. **6/27/1957**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4700 N 129th St. Butler, WI 53007-0650**

(Principal office address)

2400 Wycliff St. St. Paul, MN 55114

(Current mailing address)

8. **Wholesale distributor of commercial insulation and H.V.A.C. products**

(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 NOT acceptable)

Name: **CT Corporation System**

Office Address: **1200 S. Pine Island Rd.**

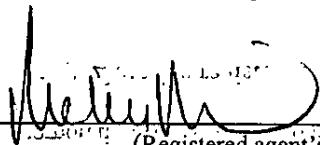
Plantation, Florida **33324**

(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.



Michele Miller
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.

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

A. DIRECTORS

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Chairman: _____

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: Jerome G. Szerbat

Address: 11124 N Riverland Ct.

Mequon, WI 53092

Director: Clyde A. Rhodes Jr.

Address: 13219 Huntley Ct.

Apple Valley, MN 55124

Director: Barrett W. Moen

Address: 8017 Pennsylvania Rd.

Bloomington, MN 55438

B. OFFICERS

President: Jerome G. Szerbat

Address: 11124 N Riverland Ct.

Mequon, WI 53092

Vice President: Jeffrey A. Lambrecht

Address: 6821 W Lima

Milwaukee, WI 53223

~~Vice President~~ Mark S. Carlson

Address: 2805 Hollyhock St. Fitchburg, WI 53711

Treasurer: Clyde A. Rhodes, Jr.

Address: 13219 Huntley Ct. Apple Valley, MN 55124

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

13. Barrett W. Moen

(Signature of Director or Officer listed in number 12 of the application)

14. Barrett W. Moen, Director

(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

MILWAUKEE INSULATION COMPANY, INC.

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 June 27, 1957.

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, I have hereunto set
my hand and affixed the official seal of the
Department on June 22, 2006.



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

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.wdfl.org/apps/ccs/verify/>

Enter this code: 27658-220B4425

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TALLAHASSEE, FLORIDA