

F06000005723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

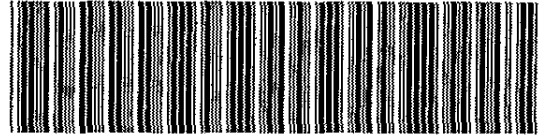
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2006

TERRY K. SHOCKLEY
SHOCKLEY GROUP, INC.
137 EAST WILSON STREET #811
MADISON, WI 53703

SUBJECT: SHOCKLEY GROUP, INC.
Ref. Number: W06000037034

We have received your document for SHOCKLEY GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6934.

Loria Poole
Document Specialist

Letter Number: 006A00051571

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shockley Group, FNC
(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:

TERRY K Shockley
(Name of Person)
Shockley Group, FNC
(Firm/Company)
137 EAST WILSON Street #811
(Address)
MADISON, WI 53703
(City/State and Zip code)

For further information concerning this matter, please call:

TERRY K Shockley at (608) 288-3040
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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. Shockley Group, 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, USA 3. FEIN-39-2020040
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 12, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April, 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 137 East Wilson Street #811
(Principal office address)
MADISON, WI 53703
(Current mailing address)

8. To Continue Business Consulting and Property Leasing
(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: TERRY K. SHOCKLEY

Office Address: 210 Springview Commerce Dr #120
De Bary, FL, Florida 32713
(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.

Terry K. Shockley
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: President/Chairman TERRY K Shockley

Address: 137 EAST WILSON Street #811
MADISON, WI 53703

Vice Chairman: VP/Vice Chairman Sandra K Shockley

Address: 137 EAST WILSON Street #811
MADISON, WI 53703

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TERRY K Shockley

Address: 137 EAST WILSON Street #811
MADISON, WI 53703

Vice President: Sandra K Shockley

Address: 137 EAST WILSON Street #811
MADISON, WI 53703

Secretary: Sandra K Shockley

Address: 137 EAST WILSON Street #811 ^{MADISON} WI 53703

Treasurer: TERRY K Shockley

Address: 137 EAST WILSON Street #811 MADISON, WI 53703

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

13. Terry K Shockley
(Signature of Director or Officer listed in number 12 of the application)

14. TERRY K SHOCKLEY, President/Chairman
(Typed or printed name and capacity of person signing application)

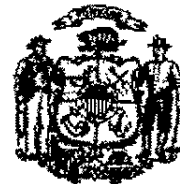
Sandra K Shockley SANDRA K.
VP/Vice chair SHOCKLEY

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

SHOCKLEY GROUP, 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 March 12, 2001.

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 August 10, 2006.

A handwritten signature in black ink, appearing to read "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.wdfi.org/apps/ccs/verify/>

Enter this code: **29474-160C634B**