

F07000000492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

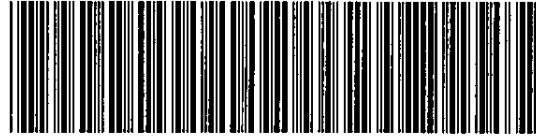
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JAN -8 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 1-29

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sheckler Management, 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:

Karla Stoeckman, Paralegal

(Name of Person)

Winthrop & Weinstein, P.A.

(Firm/Company)

225 South Sixth Street, Suite 3500

(Address)

Minneapolis, MN 55402

(City/State and Zip code)

For further information concerning this matter, please call:

Karla Stoeckman

(Name of Person)

at (612) 604-6680

(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



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

January 9, 2007

**KARLA STOECKMAN
225 S. SIXTH ST., STE. 3500
MINNEAPOLIS, MN 55402**

RECEIVED

JAN 16 2007

Karla Stoeckman

**SUBJECT: SHECKLER MANAGEMENT, INC.
Ref. Number: W07000001244**

We have received your document for SHECKLER MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 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) 245-6047.

**Carolyn Lewis
Document Specialist**

Letter Number: 007A00001844



a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

January 26, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

RECEIVED
07 JAN 26 PM 4:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 6829808 SO
Customer Reference 1: 11811.1
Customer Reference 2:

*Please
refile
&
recheck
to
1/9/07
Pmk.*

Dear Department of State, Florida:

Please obtain the following:

Sheckler Management, Inc. (WI)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A. Mitchell

Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

**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. **Sheckler Management, 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. **20-3844617**

(FEI number, if applicable)

4. **11/09/05**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **36043 Grandpas Run, Prairie Du Chien, WI 53821**

(Principal office address)

36043 Grandpas Run, Prairie Du Chien, WI 53821

(Current mailing address)

8. **Wholesale Produce**

(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: **Jill Sheckler**

Office Address: **2370 Buckskin Drive**

Englewood

(City)

, Florida **34223**

(Zip code)

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TALLAHASSEE, FLORIDA

FILED

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.


(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Scott Sheckler

Address: 36043 Grandpas Run
Prairie Du Chien, WI 53821

Vice Chairman: Jill Sheckler

Address: 36043 Grandpas Run
Prairie Du Chien, WI 53821

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jill Sheckler

Address: 36043 Grandpas Run
Prairie Du Chien, WI 53821

Vice President: _____

Address: _____

Secretary: Scott Sheckler

Address: 36043 Grandpas Run, Prairie Du Chien, WI 53821

Treasurer: Scott Sheckler

Address: 36043 Grandpas Run, Prairie Du Chien, WI 53821

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. Jill Sheckler, 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

SHECKLER MANAGEMENT, 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 November 9, 2005.

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 January 3, 2007.

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: **34136-811E8DDD**