F0800000030/

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Office Use Only



800115484788

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08 JAN 22 PM 4: 56
SECRETARY OF STATE
SECRETARY OF STATE

1/4

COVER LETTER

| TO: New Filing Division of | g Section f Corporations | | | | | | |
|---|---|----------------------|--|--|--|--|--|
| SUBJECT: Shamrock Installations, Inc. (Name of corporation - must include suffix) | | | | | | | |
| Dear Sir or Maden | ı: | | | | | | |
| The enclosed "App "Certificate of Exi- transact business in | • | oration : omitted | for Authorization to Trans to register the above refer | act Business in Florida," enced foreign corporation to | | | |
| Please return all co | rrespondence concerning | this ma | tter to the following: | | | | |
| Sally Wirtz | ! | | | | | | |
| | | (Name | of Porson) | | | | |
| Shamrock | Installations, Inc. | | | | | | |
| | | (Firm/ | (Company) | | | | |
| 3420 Wes | st Capitol Drive | | | | | | |
| | | (A | ddrees) | | | | |
| Milwauke | e, WI 53216 | | | | | | |
| , | ((| City/Sta | ite and Zip code) | | | | |
| For further informs | ulon concerning this matte | er, ploss | se call: | | | | |
| Sally Wirtz | at | (414 | 1 449-2888 | | | | |
| (Name of | | | ea Code & Daytime Telep | phone 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 Tallahassec, FL 32314 | | | | |
| Enclosed is a check | for the following amoun | t: | | | | | |
| \$70.00 Filing Fe | e \$78.75 Filing Pe Certificate of 8 | | \$78.75 Filing Fee & Certified Copy | X \$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.

| (Enter name of c | nstallations, Inc. | "INCORPORATED," | "COMPANY," "CORPORATION," | |
|---|---|---|--|--------------------|
| ide", Far' F | orp," "Inc," "Co," or "Co | rp.:) | | |
| (If name unavail | able in Florida, enter alto | rnate corporate name s | dopted for the purpose of transacting business in Florida) | |
| 2. Wisconsin | | 3. | 20-3629647 | ES 8 |
| (State or country | under the law of which it | is incorporated) | (FBI number, if applicable) | THE SE |
| 4. January 23 | 3, 2007 | 5 . | Perpetual | 程 2 |
| (Dule | of incorporation) | | (Duration: Year corp. will cease to exist or "perpetual") | RY P |
| 6. Not applic | | ······································ | | E. H. |
| | (Date first (SEE SECTION | transacted business in IS 607.1501 & 607.150 | Florida, if prior to registration) 22, F.S., to determine penalty liability) | 08 JAN 22 PH 4: 56 |
| 7. 3420 Wes | it Capitol Drive; Mil | | | 5 |
| * | | (Principal office addre | | |
| 3420 Wes | st Capitol Drive; Mil | Waukee, WI 532 (Current mailing addre | | |
| | | (Crittant mailing adon | 555 | |
| g. Architech | ural millwork install | etion | | |
| (Purpose(s |) of corporation authoriz | ed in home state or oor | antry to be carried out in state of Florida) | |
| 9. Name and stree | u address of Florida rep | glatered agent: (P.O. | Box NOT acceptable) | |
| | | tion System | | |
| Name: | 1200 South | Pine Island | a d Road | |
| Office Address: | | | | |
| | Plantation | | 33324 , Florida | |
| | (C | City) | (Zip code) | |
| Having been nam designated in this further agree to c | appileation, I hereby (omply with the provision | accept the appointm ons of all statutes re | e of process for the above stated corporation at the pent as registered agent and agree to act in this capalative to the proper and complete performance of million as registered agent. Salah B. Ayala | city. I |
| | Serve B | Ol | Assistant Secretary | |

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.

FILED

Ruth Kent

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

| 12. Name | s and business addresses of officers and/or directors: | 08 JAN 22 PM 4:56 |
|--------------|--|----------------------|
| A. DIRE | CTORS | STADETARY OF STATE |
| Chairman: | | TALLAHASSEE, FLORIDA |
| | | |
| Vice Chairn | nan: | |
| | | |
| Director: | James M. Caragher | |
| | 3420 West Capitol Drive | |
| | Milwaukee, WI 53216 | |
| Director; | Michael J, Floyd | |
| | 3420 West Capitol Drive | |
| - | Milwaukee, WI 53216 | |
| B. OFFIC | | |
| President: _ | Michael J. Floyd | |
| | 3420 West Capitol Drive | |
| | Milwaukee, WI 53216 | |
| | nt: Ruth C. Kent | |
| | 3420 West Capitol Drive | • |
| | Milwaykee, WI 53216 | |
| | Ruth C. Kent | |
| Address: | | |
| Treasurer: | James M. Caragher | |
| Address: | 3420 West Capitol Drive: Milwaukee, WI 53216 | |
| NOTE: HE | necestary, you may attach an addendum to the application listing additional of | |
| - | (Signature of Director or Officer listed in number 12 of the agalica | tion) |

DOM 180 181 185 183 **

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

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

SHAMROCK INSTALLATIONS 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 22, 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, 181.0120 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 8, 2008.

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

BY: Patricia Weben

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.