

F08000003302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

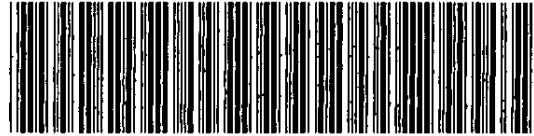
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 JUL 17 PM 2:34  
SECURITY/REGISTRATION  
FALLMANSIDE CENTER

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2008

TIMOTHY KOHLER  
648 N PLANKINTON AVE STE 220  
MILWAUKEE, WI 53203

SUBJECT: PKWARE, INC  
Ref. Number: W08000034094

We have received your document for PKWARE, 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 certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The date on the certificate and the date on line 4 have to match.,

Please return the corrected original and one copy of 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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 108A00042148

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PKWARE, 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:

Timothy Kohler

(Name of Person)

PKWARE, Inc

(Firm/Company)

648 N Plankinton Ave Ste 220

(Address)

Milwaukee, WI 53203

(City/State and Zip code)

For further information concerning this matter, please call:

Timothy Kohler

(Name of Person)

at ( 414 ) 289-9788

(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. PKWARE, 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. 39-1566010

(FEI number, if applicable)

4. ~~11/1986~~ 10/227/86

(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. 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

(Principal office address)

648 N Plankinton Ave Ste 220 Milwaukee, WI 53203

(Current mailing address)

8. Software Sales

(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: Steve Drolshagen

Office Address: 422 Twisting Pine Circle

Longwood

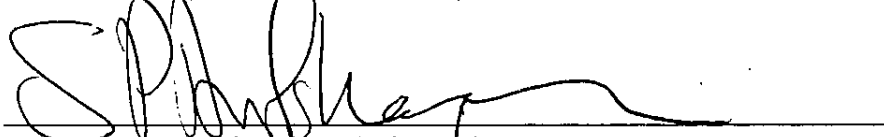
(City)

, Florida 32779

(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.***

  
(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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JUL 17 PM 2:34  
TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

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

**A. DIRECTORS**

Chairman: George Haddix

Address: 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

Vice Chairman: Grant Haddix

Address: 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

Director: Tim Kennedy

Address: 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Timothy Kennedy

Address: 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

Vice President: George Haddix

Address: 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

Secretary: Timothy Kohler

Address: 648 N Plankinton Ave Ste 220 Milwaukee WI 53203

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. 

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

14. Timothy Kohler

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

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08 JUL 17 PM 2:34  
SECRETARY OF STATE  
MILWAUKEE, WI

United States of America  
STATE OF WISCONSIN  
Department of Financial Institutions

To All to Whom These Presents Shall Come, Greeting:

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

PKWARE, 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 October 27, 1986.

I further certify that the following charter documents have been duly filed with this department for said corporation, namely; the aforementioned Articles of Incorporation filed October 27, 1986; Articles of Merger filed April 1, 2004; and that these are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, 181.1622 or 183.0120 of the Wisconsin Statutes; and that said corporation or limited liability company is not the subject of a proceeding under sec. 180.1421, 181.1421 or 183.09025 of the Wisconsin Statutes for administrative dissolution and that no determination has been made that grounds exist for such action; that no filing has been made with this department of a decree of dissolution with respect to the corporation or limited liability company under sec. 180.1433, 181.1433 or 183.0902 of the Wisconsin Statutes; and that the corporation or limited liability company 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 16, 2008.



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



BY:



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.