

F10000000340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

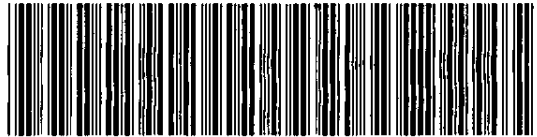
(Document Number)

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

Special Instructions to Filing Officer:

Lynn Driebe GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Add Alternate name &  
DATE 1/22/10 duration  
DOC. EXAM MRD

Office Use Only



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MRD  
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10 JAN 22 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Accurate Control Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Lynn Priebe  
Accurate Controls Inc  
Name (Printed or typed)

326 Blackburn St  
Address

Ripon WI 54971  
City, State & Zip

920-748-6603 ex 226  
Daytime Telephone number

lpriebe@accuratecontrols.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 JAN -4 PM 4:19  
DIVISION OF CORPORATION

December 17, 2009

THOMAS R ROGERS  
W1077 ROOKLYN J

~~W1077 ROOKLYN J~~  
*Green Lake WF 54941*  
SUBJECT: ACCURATE CONTROL INC.  
Ref. Number: W09000054705

We have received your document for ACCURATE CONTROL 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):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 309A00038413

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. Accurate Control, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
Accurate Controls Inc. of Wisconsin  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-1687964  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 9-26-1990 5. perpetual  
(Date of incorporation) (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. 326 Blackburn St., Ripon WI 54971  
(Principal office address)

Same  
(Current mailing address)

8. \_\_\_\_\_  
(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: National Corporate Research, Ltd., INC

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301  
(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.

Wayne L. Kuehl  
(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:

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10 JAN 22 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: \_\_\_\_\_

Thomas P. Rogers

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

645 Emerson St.

Ripon, WI 54971

Vice President: \_\_\_\_\_

Thomas R. Rogers

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

W1077 Brooklyn J

Ripon WI 54971

Secretary: \_\_\_\_\_

Thomas P. Rogers

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

645 Emerson St., Ripon WI 54971

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

Thomas R. Rogers

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

W1077 Brooklyn J. Ripon WI 54971

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. \_\_\_\_\_

Thomas P. Rogers

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

L DOM  
180 181 183

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



FILED  
10 JAN 22 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

ACCURATE CONTROL, 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 September 26, 1990.

I further certify that the Articles of Incorporation filed on September 26, 1990 and, the Restated Articles of Incorporation, filed December 18, 2000 are the only charter documents filed with this department for said corporation.

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 November 13, 2009.

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

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

BY: A handwritten signature in black ink, appearing to read 'Robert J. Fawcett'.

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.