

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
		i

Office Use Only



200184825372

09/14/10--01037--001 **950.00

09/14/10--01037--002 **78.75

ZÚIO SEP IL AM 8:46
SECRETARY OF STATE

Temmere SEL 12 SOLD

COVER LETTER

FO: New Filing Section Division of Corporations		
SUBJECT: Systems 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 ransact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Michelle Dellemann Controller (Name of Person)		
(Name of Person)		
Systems Inc. (Firm/Company)		
(Firm/Company)		
PO Box 309 W194 N11481 McCormick Dr		
PO Box 309 W194 N11481 McCormick Dr Germantown, WI 53022		
(City/State and Zip code)		
weed the second		
For further information concerning this matter, please call:		
For further information concerning this matter, please call: Michelle Dellemann at (262) 257-7334 SER TO PROPERTY (Name of Person) (Area Code & Daytime Telephone Number)		
(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		
Inclosed is a check for the following amount:		
S70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy 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. Systems, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
DOCK SYSTEMS, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin 39-0978625 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4: 1-17-1961 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
\cdot , \prime
6. 9/4/07 hired FL employee; terminated s/13/09 (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior th registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. W194 N11481 McCornick Dr Germantown WI 53022
(Principal office address)
PO Box 309 Germantown, WI 53022
(Current mailing address)
8. manufacture dock equipment
(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)
(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: \[\begin{array}{cccccccccccccccccccccccccccccccccccc
17000 (7th 0 1 h) only
Office Address: 17888 67th Court North Loxahatcher , Florida 33470 55 5
CORCINETONEY, Florida 35-1 (O Sin and a)
(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.

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

A. DIRECTORS 1.1
Chairman: Edward McGuire
Address: W194 N11481 McCornick Dr
Germantown WI 53022
Vice Chairman: Michael Pilgrim
Address: W194 N11481 McGornick Dr
Germantown WI 53022
Director: David Affeldt
Address: 8741 W National Ave
West Allis WI 53227
Director:
Address:
B. OFFICERS
President: Edward McGuire En E
Address: WI94 N(1481 McCormick Dr EE # T)
Germantown WI 53022 XX F IT
Vice President: Michael Pilavim
Vice President: Michael Pilgrim Address: W194 N11481 McCormick Dr
Germantown WI 53002
Secretary: David Affeldt
Address: 8741 W National Ave West Allis, WI 53227
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
California Como Discolator
14. Edward mcGuire, President (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

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

SYSTEMS, 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 January 17, 1961.

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.

Q Pinancia, in the control of Pinancia, in the control of

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 14, 2010.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services

Department of Financial Institutions

BY: Junger Z. acker

Effective July 1, 1996, the Department of Financial Institutions assumed the functions préviously 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.