F11000000570

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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATEMENT OF STATE

11 FEB -8 PM 1:



COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Structural Dimension, Inc.					
	rporation - must include suffix				
Dear Sir or Madam:					
	ation for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the ct business in Florida.				
Please return all correspondence concerning the	is matter to the following:				
Heather Elliott					
	Name of Person				
Structural Dimension, Inc.					
	Firm/Company				
4035 N. 127 th St					
	Address				
Brookfield, WI 53185					
· · · · · · · · · · · · · · · · · · ·	y/State and Zip code				
helliott@structuraldimension.com	,				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter	, please call:				
	•				
Heather Elliott at (262) 373-0680					
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				
Enclosed is a check for the following amount:					
S70.00 Filing Fee S78.75 Filing Fee Certificate of Sta					

APPLICATION BY FOREIGN CORPORATION FOR AUTIIORIZATION 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. Structural Dir	mension, Inc.					
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	•		
Structural D,	Inc.			_		
(If name unavaila	ble in Florida, enter alternate corporate na	ıme a	adopted for the purpose of transacting business in Florida)			
2. Wisconsin		_ 3.	87-0720675	_		
(State or country u	mder the law of which it is incorporated)		(FEI number, if applicable)			
4. 02/18/2004		5.	Perpetual	_		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-		
6. None	·			_		
			n Florida, if prior to registration) 602, F.S., to determine penalty liability)			
		7.13	02, F.S., to determine penalty hability)			
7. 4035 N. 127 ^a	St., Brookfield, WI 53005 (Principal office	o d da		-		
4025 N. 405th		auur	ALL SEC			
4035 N. 127"	St., Brookfield, WI 53005			FEB		
	(Current mailing	addr	ress)	8	777-	
Tri						
			untry to be carried out in state of Florida)		ij	
9. Name and street	t address of Florida registered agent: ((P.O		•	į,	
Name:	InCorp Services, Inc.					
Office Address:	17888 67th Court North					
	Loxahatchèe		, Florida 33470			
	(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.

Carpon behalf of Incorp Services, IncRegistered 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		11 FEB -8 PM 1: 17
Chairman: _	Daniel Cittan DE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	8902 Canary Ct.	TALLAHASSEE, FLORIDA
	Wind Lake, WI 53185	
Vice Chairma	in:	
Address:		
Address:		
B. OFFICE	ERS	
President:	Randy Elliott, PE	
Address:	8902 Canary Ct.	
	Wind Lake, WI 53185	
Vice Presiden	nt:	
Address:		140
		44
Secretary:		
	the decountry of the state of t	
Address:		
	necessary, you may attach an addendum to the application	_
13	Signature of Director or O	fficer
are true and	or director signing this document (and who is listed in nun that he or she is aware that false information submitted in felony as provided for in s.817.155, F.S.	aber 12 above) affirms that the facts stated herein
14	Randy Elliott, PE President	

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



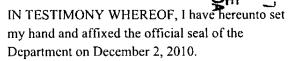
To All to Whom These Presents Shall Come, Greeting:

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

STRUCTURAL DIMENSION, 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 February 18, 2004.

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.



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.wdfi.org/apps/ccs/verify/

Enter this code:

85086-31CAA39D