

F11000003481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

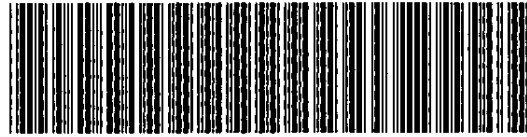
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800211281218

800211281218
08/26/11--01037--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 26 PM 4:41

FILED

11/29/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tri-State Adjustments Incorporated
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," or "Certificate of Good Standing" 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:

Lauren Geier

Name of Person

Tri-State Adjustments Incorporated

Firm/Company

3439 East Avenue South

Address

LaCrosse, Wi 54601

City/State and Zip code

larry@wecollectmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Geier

Name of Person

at (608) 788-8683 Ext 6

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. Tri-State Adjustments Incorporated

(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. 39-1664616

(FEI number, if applicable)

4. March 2, 1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3439 East Avenue South, La Crosse, WI 54601

(Principal office address)

PO Box 3219, La Crosse, WI 54602-3219

(Current mailing address)

8. Collection Agency

(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:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee, FL

(City)

Florida 32301

(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.

Stephanie On ASST VP

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 26 PM 4:41

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

A. DIRECTORS

Chairman: Lauren Geier

Address: 3439 East Avenue South
La Crosse, WI 54601

Vice Chairman: Rhonda Helgeson

Address: 3439 East Avenue South
La Crosse, WI 54601

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lauren Geier

Address: 3439 East Avenue South
La Crosse, WI 54601

Vice President: Rhonda Helgeson

Address: 3439 East Avenue South
La Crosse, WI 54601

Secretary: Rhonda Helgeson

Address: 3439 East Avenue South, La Crosse, WI 54601

Treasurer: Lauren Geier

Address: 3439 East Avenue South, La Crosse, WI 54601

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Lauren Geier, President

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

11 AUG 26 PM 4:41
OFFICE OF THE
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 Secretary, Department of Financial Institutions, do hereby certify that

TRI-STATE ADJUSTMENTS INCORPORATED

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 March 2, 1990.

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.

11 AUG 26 PM 1:41
RECEIVED
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 12, 2011.



A handwritten signature in black ink, appearing to be "Ray Allen", written over a horizontal line.

RAY ALLEN, Deputy Secretary
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.wdfl.org/apps/ccs/verify/>

Enter this code: **95678-EC3502D5**