

F1100004020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000241231 3)))



H110002412313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6181

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5168

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
ProFab Corporation

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RE-SUBMIT

Please retain original filing date of submission 10/4

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -4 PM 12:31

RECEIVED
11 OCT -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please file

PS 10/7/11

TRANSMISSION VERIFICATION REPORT

TIME : 10/04/2011 16:52
 NAME :
 FAX :
 TEL :
 SER.# : BROK7J716706

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

10/04 16:50
 6176381
 00:01:10
 05
 OK
 FINE
 ECM

10/4/2011

<https://efile.sunbiz.org/scripts/efilecovr.exe>

Estimated Charge	\$70.00
Page Count	05
Certified Copy	0
Certificate of Status	0

ProFab Corporation

FOREIGN PROFIT/NONPROFIT CORPORATION

Please file and

Email Address:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Account Name : C T CORPORATION SYSTEM
 Account Number : PCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

From:

Division of Corporations
 Fax Number : (850) 617-6381

To:



October 5, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PROFAB CORPORATION
REF: W11000051380

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: B11000241231
Letter Number: 511A00022934

RE-SUBMIT
Please retain original filing
date of submission 10/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ProFAB Corporation

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:

Mark S. Poker, Esq.

Name of Person

Michael Best & Friedrich LLP

Firm/Company

N19W24133 Riverwood Dr.

Address

Waukesha, WI 53188-1174

City/State and Zip code

kateelin@michaelbest.com

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

For further information concerning this matter, please call:

Kelly Teelin, Paralegal

Name of Person

at (608) 283-0132

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. ProFAB Corporation

(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. _____

(FEI number, if applicable)

4. 02/12/1996

(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. 1201 B. Dolphin Ct., Waukesha, WI 53186

(Principal office address)

1201 B. Dolphin Ct., Waukesha, WI 53186

(Current mailing address)

8. Machining of plastics and non-ferrous materials.

(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: Keith Hoffmann

Office Address: 100 S. Eola Dr., Ste. 809

Orlando

(City)

Florida 32801

(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.

Orlando, FL 32801

Vice President: Todd Milykovic

Address: 1201 B Dolphin Ct.

Waukesha, WI 53186

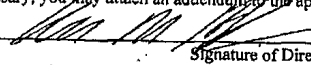
Secretary: James Gischia

Address: 1201 B Dolphin Ct., Waukesha, WI 53186

Treasurer: Ralph Milykovic

Address: 1201 B Dolphin Ct., Waukesha, WI 53186

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. Keith Hoffmann, President

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT - 4 PM 12:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT - 4 PM 12:31

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

PROFAB CORPORATION

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 12, 1996.

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -4 PM 12:31

IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on October 3, 2011.



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

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: 97252-A6C3C8A3