# F11000004833

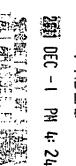
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

TO:	New Filing Section Division of Corporations
SUBJ	ECT: Major Industries, Inc.
	Name of corporation - must include suffix
Dear Si	ir or Madam:
"Certifi	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
Richa	ard Towne
	Name of Person
Majo	or Industries, Inc.
	Firm/Company
7120	) Stewart Avenue
_	Address
Wau	sau, WI 54401
	City/State and Zip code
<u>RTow</u>	ne@Majorskylights.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Richa	ard Towne at ( 715 ) 842-4616
	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
	d is a check for the following amount:  0.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status  \$78.75 Filing Fee & Certificate of Status & Certified Copy  \$87.50 Filing Fee, Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		TATUTES, THE FOLLOWING IS SUBMITTED TO		
		BUSINESS IN THE STATE OF FLORIDA.		
	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")		MA I- 330 画山山山	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Riorida)	£-	
2. Wisconsin	. 3.	39-1774642	2	
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)		
4. 12/01/1993	5.	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6. <u>08/01/2011</u>				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
<sub>2</sub> 7120 Stewa	•	• • •		
7. 7120 Stewart Avenue, Wausau, WI 54401 (Principal office address)				
PO Box 306 Wausau, WI 54402-0306				
-	(Current mailing add			
	ployee to sell custom translu of corporation authorized in home state or co	ucent curtainawall systems/skylights ountry to be carried out in state of Florida)		
9. Name and street	address of Florida registered agent: (P.C	). Box NOT acceptable)		
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North			
	Loxahatchee	, Florida 33470		
	(City)	(Zip code)		
designated in this is further agree to co	ed as registered agent and to accept servi application, I hereby accept the appoints	ce of process for the above stated corporation at the pinent as registered agent and agree to act in this capac celative to the proper and complete performance of my sition as registered agent.	ity. I	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_ Address: Vice Chairman: Address: Address: Address: \_ B. OFFICERS President: Wayne A Toenjes Address: 7120 Stewart Avenue, Wausau, WI 54401 Secretary: Carolyn S Toenjes Address: 7120 Stewart Avenue, Wausau, WI 54401 Jeffrey S Volgt Treasurer: 7120 Stewart Avenue, Wausau, WI 54401 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Jeffrey S Voigt, Treasurer

### 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, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### MAJOR INDUSTRIES, 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 December 1, 1993.

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 has not filed articles of dissolution.

**数** DEC -1 PM 4: 24

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 10, 2011.

PAUL M. HOLZEM, Administrator
Division of Corporate and 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:

98639-0B9EE354