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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

1 (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number: 110450000714 Phone: (850)222-1173

Fax Number : (850)224-1640

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

Email	Address:				
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## FOREIGN PROFIT/NONPROFIT CORPORATION HYDRATIGHT OPERATIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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#### **COVER LETTER**

TO: New Piling Se Division of C			
SUBJECT: Hyle	atight Operations	. Inc	
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Dear Sir or Madam:			
"Certificate of Existen	ation by Foreign Corporation ice," or "Certificate of Good ign corporation to transact bu	Standing" and check are sub	et Business in Florida," mitted to register the
Please return all corre	spondence concerning this m	atter to the following:	
Norino Nagel		·	}
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NRAI Corporate Servi	C66	<u></u>	
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200 West Adams Stre	ct		·
,		ddress	
Chicago, IL 60606			
	Clty/Str	te and Zip code	
nnegel@nral.com			<u> </u>
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concorning this matter, ples	iso call:	
Norine Nagel	<sub>et</sub> /312	y 348-3808	•
Name of Pers	on A	348-3808 rea Code & Daytime Toleph	ione Number
STREET/COURIER ADDRESS: New Piling Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Flling Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	the following amount:	•	
3 \$70.00 Piling Fee	Certificate of Status	S78:75 Filing Fee & Cartified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

H120000556173

## 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. Hydratight Opt			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
//finame mesuall	shie in Playida, enter alternata comorate na	ame adopted for the purpose of transacting business in Florida)	
2. Delaware		36-4404407	
(State or country	under the law of which it is incorporated)		
A 11/3/2000		s. Perpetual	
(Date	of Incorporation)	(Duration: Year corp, will coase to exist or "perpetual")	
61/1/2012			•
	(SEE SECTIONS 607.1501 & 60	ssi in Fiorida, if prior to registration) 07.1502, P.S., to determine possity liability)	
7. NBB W12500 W	esibrook Crossing Menomonee Falls, \		٠.
÷ = = ==.	(Principal office	address)	2 4
P.O. Box 3241	Milwaukee, Wi 53201-3241 (Current mailing	address)	<b>3</b>
Rental ar	nd service work	705	上「
8.	<u> </u>	, , , , , , , , , , , , , , , , , , ,	ا بو
(Purposc(s)	of sorporation authorized in home state of	or country to be carried out in state of Florida)	PH 12: 30
9. Name and atree	nddress of Florida registered agent; (	(P.O. Box: NOT acceptable)	ري ( <del>)</del> چي (ي
Name:	NRAI Services, Inc.	<del>,</del>	話る
Office Address:	515 East Park Avenue	<del></del>	>
	Tallahassee	, Florida 32301	
	(City)	(Zip cods)	
designated in this i further agree to co	id as registered agent and to accept se application, I hereby accept the appoi	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. es relative to the proper and complete performance of my dut position as registered agent.	7
NI	RAI Services, Inc.		
В	V. Invar him		
	(Registered agent's signatur	iie)	
No.	oring Naget - Assistant Secretary ertificate of existence duly authenticate	tod, not more than 90 days prior to delivery of this application (	to
the Department of S	itate, by the Secretary of State or other rich it is incorporated.	r official having custody of corporate records in the jurisdiction	a

# FILED #120000556173

12 MAR - 1 PM 12: 30

12. Names and business addresses of officers and/or directors:  A DIRECTORS  A DIRECTORS
IN NOTICE AND
Chairman: Robert Arzbaecher
Address: NEG W12500 Northrock Crossing, Missmonee Falls, VI 82051
Vice Chairman: Andrew Lampereur
Address: N86 W12500 Westbrook Crossing, Menomonic Fulls, W1 53051
Director, Terry Braatz
Address: N86 W12500 Westbreak Grassing, Menonince Fells, W1 5305)
Director:
Address:
B. OFFICERS
President Brian Kobylinski
Address: NEG W12500 Wastbrook Crossing, Menumanes Falls, WI 53051
Vice President: Robert Arzbeecher
Address: N. 86 Wi 2500 Wastbrook Crailing Menomena Falls, WI \$3051
Secretary: Helen Fried!
Secretary: Helen Friedli Address: NPG W12500 Wastbrook Crossing, Menomones Folks, W1 53051
Trossurge. Terry Braate
Trossurer. Terry. Braate  Address: N86 W12500 Wastbrook Crowing, Managenee Falls, W1 58051
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 third degree felony as provided for in s.817.155, F.S.
Temy Breetz Temy Brantz-Treesurer

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

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# Delaware

## The First State

CAMPA ARESO I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HYDRATIGHT OPERATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND I IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYDRATIGHT OPERATIONS, INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER. A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS BAVE BEEN FILED TO DATE.

DATE: 03-01-12

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