

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000258253 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER,

Account Number: 076326003550 Phone : (561)627-8100 : (561)622-7603 Fax Number

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

4610(c)

FOREIGN PROFIT/NONPROFIT CORPORATION Fisher Management DE, Inc.

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Corporate Filing Menu

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10/26/2012

FAN: H12-258253

	BUSINESS	IN FLORIDA
OMPLIANCI ISTER A FOI	S WITH SECTION 607.1503, FLORIDA S REIGN CORPORATION TO TRANSACT.	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
ISHER MAN	NAGEMENT DE, INC.	20: 20:
iter name of c	corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
	•	
name unavail	able in Florida, enter alternate corporate name	sadopted for the purpose of transacting business in Florida
ELAWARE	3.	APPLIED FOR
ate or country	under the law of which it is incorporated)	(FEI number, if applicable)
0/23/2012		PERPETUAL
(Detc	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"
0/23/2012		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
o 9052 S	outhwest 142nd Avenue, Miar	mi, FL 33186
	(Principal office add	dress)
ame		
	(Current mailing add	dress)
	, , , _ , , , , , , , , , , ,	1 A min —
lanaging	Member of Florida Limited L	
		country to be corried out in state of Florida).
(Purpose(s) of corporation authorized in home state or o	soundy to be entired out in state of the longs
	s) of corporation authorized in home state or c et address of Florida registered agent: (P.	
	•	O. Box NOT acceptable)
Name and <u>stre</u> Name:	et address of Florida registered agent: (P.	O. Box NOT acceptable) P.A.
lame and <u>stre</u> Name:	et address of Florida registered agent: (P. Haile, Shaw & Pfaffenberger,	O. Box NOT acceptable) P.A. pr
lame and <u>stre</u> Name:	et address of Florida registored agent: (P. Haile, Shaw & Pfaffenberger, 660 US Highway One, 3rd Flor	O. Box NOT acceptable) P.A.
Name and stre Name: The Address: Registered a wing been namignated in this ther agree to desire the street of t	et address of Florida registered agent: (P. Haile, Shaw & Pfaffenberger, 660 US Highway One, 3rd Flog North Palm Beach (City) agent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appointmental of the provisions of all statutes.	O. Box NOT acceptable) P.A. Or , Florida 33408 (Zip code) vice of process for the above stated corporation at the acceptance of the complete performance of relative to the proper and complete performance of
Name and stre Name: ice Address: Registered a ling been namelignated in this wher agree to a	et address of Florida registored agent: (P. Haile, Shaw & Pfaffenberger, 660 US Highway One, 3rd Flog North Palm Beach (City) agent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint comply with the provisions of all statutes or with and accept the obligations of my present accept the obligations of accept accept the obligations of my present accept accept the obligations of my present accept accept the obligations of accept accept the obligations of accept accept accept the obligations of accept accept the obligations of accept accept accept the obligations of accept accept accept the obligations of accept acce	O. Box NOT acceptable) P.A. Or , Florida 33408 (Zip code) Pice of process for the above stated corporation at the coment as registered agent and agree to act in this cap relative to the proper and complete performance of ositton as registered agent.
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Name: Name: ce Address: Registered a ing been nam gnated in this her agree to c	et address of Florida registored agent: (P. Haile, Shaw & Pfaffenberger, 660 US Highway One, 3rd Flog North Palm Beach (City) agent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint comply with the provisions of all statutes or with and accept the obligations of my present accept the obligations of accept accept the obligations of my present accept accept the obligations of my present accept accept the obligations of accept accept the obligations of accept accept accept the obligations of accept accept the obligations of accept accept accept the obligations of accept accept accept the obligations of accept acce	O. Box NOT acceptable) P.A. Or , Florida 33408 (Zip code) Pice of process for the above stated corporation at the coment as registered agent and agree to act in this cap relative to the proper and complete performance of ositton as registered agent.

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.

FAN: H12-258253 .

FAN: H12-258253 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Jerome M. Fisher Address: c/o RDS Management, 6510 Grand Teton Plaza, Suite 420 Madison, WI 53719 Vice Chairman: _____ Address: Director: Address: ___ Director. Address: B. OFFICERS President: Jerome M. Fisher Address: c/o RDS Management, 6510 Grand Teton Plaza, Suite 420 Madison, WI 53719 Vice President: Address: Secretary: Jerome M. Fisher Address: c/o RDS Management, 6510 Grand Teton Plaza, Suite 420, Madison, Wt 53719 Treasurer: Jerome M. Fisher Address: c/o RDS Management, 6510 Grand Teton Plaza, Suite 420, Madison, WI 53719 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

14. Jerome M. Fisher President

third degree felony as provided for in s.817.155, F.S.

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

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FISHER MANAGEMENT DE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF

OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

12 OCT 26 PH w 25 SECRETARY OF STATE TALLADARRE TO STATE

5231907 8300

121155590

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9938124

DATE: 10-23-12

You may verify this certificate online at corp. delaware. gov/authwer.shtml