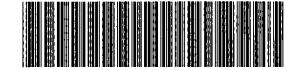


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| PICK-UP | MAIT | MAIL |
| (Busi | iness Entity Nai | me) |
| (243) | mood Entity (val | , |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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¹ COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: GIUFFRE SOUTH, INC. |
| 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: |
| Darlyne A. Morrison |
| Name of Person |
| Seminole Marine Firm/Company |
| Firm/Company |
| Address Palm Boach Gardens, FL 33410 City/State and Zip code |
| Address |
| Palm Boach Gordons, FL 33410 |
| City/State and Zip code |
| Seminolemarine@comcast.net E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| |
| Darlyne Morrison at (561) 622.7600 Name of Person Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| New Filing Section New Filing Section |
| Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy S78.75 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.

| | RE SOUTH, INC. corporation; must include "INCORPORATE Corp.," "Inc.," "Co," or "Corp.") | ED," "COMPANY," "CORPORATION," | |
|-------------------|---|--|---------------|
| | | | |
| (If name unavai | lable in Florida, enter alternate corporate na | ame adopted for the purpose of transacting business in Flori | da) |
| WISCON | SIN | 3. 39-1879782 | |
| (State or country | under the law of which it is incorporated) | 3. 39 - 1879782 (FEI number, if applicable) | |
| . DECEMB | ER 10,1996 | 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetua | |
| (Dat | e of incorporation) | (Duration: Year corp. will cease to exist or "perpetua | ·l") |
| ó | | | |
| | | ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability) | |
| 6635 | S. 13th Street - Mila | Daukee, WI 53221 | |
| | • | | |
| 6635 | s. 13th Street - Milwo | aukee, wt 53221 | |
| | (Current mailing | address) | |
| 3. De | 0-it-yourself bootyard | or country to be carried out in state of Florida) | |
| (Purpose(| s) of corporation authorized in home state o | or country to be carried out in state of Florida) | |
| 9. Name and stre | eet address of Florida registered agent: | (P.O. Box NOT acceptable) | TI SGV |
| Name: | Darlyne A. Morrison | | F 60 |
| | 2208 Idlewild Road | | |
| Office Address: | | | - |
| Office Address: | Palnu Beach Gardens (City) | , Florida 33410 | 9: 11: |

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.

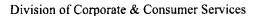
(Registered agent's signature)

^{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.

| 12. Names and business addresses of officers and/or directors: |
|---|
| A. DIRECTORS |
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| |
| Address: |
| |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Frank P. Giuffre - PCT |
| Address: 6635 S. 13th Street |
| Milwaukee, WI 53221 |
| Vice President: Dominic J. Giuffre - Vevs |
| 1. 2 |
| Address: |
| |
| Secretary: |
| Address: |
| Treasurer: |
| Address: |
| NOTE: If nocessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. M |
| 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. |
| (Typed or printed name and capacity of person signing application) |

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

GIUFFRE SOUTH, 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 10, 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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 14, 2014.

Leonge Vetak

GEORGE PETAK, 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:

133976-1EBC7415