(Re	equestor's Name)	······································
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2014

JOSEPH R. EILBES 7821 N. FAULKNER ROAD MILWAUKEE, WI 53224

SUBJECT: SHARE CORPORATION

Ref. Number: W14000032446

We have received your document for SHARE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 414A00011183

COVER LETTER

TO:	New Fil: Division		ion porations			•	
SUBJ	ECT:	SHA	RE CORPO	RATION			
			1	Name of corpor	ation	- must include suffix	
Dear S	ir or Mada	am:					
"Certif	icate of E	xistenco	e," or "Cert	ign Corporatio ificate of Good on to transact b	l Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please	return all	corresp	ondence co	ncerning this r	natter	to the following:	
	JOSEPH	R EIL	BES				_
			•	Nam	e of I	Person	
	SHARE O	ORPORA	ATION				
				Firm	/Com	pany	
	7821 N	FAULKI	NER ROAD				
				A	Addre	SS	
!	MILWAUK	EE, W	53224				
				City/St	ate ar	nd Zip code	
	joe.eil	bes@st	arecorp	ddress: (to be i	sed f	or future annual report r	notification)
				this matter, ple			ionneuron)
ł	KEVIN B	EHM		at (414) 362-21 28	
	Name of		l			Code & Daytime Teleph	one Number
	New Fili Division Clifton E	ng Sect of Corp Building ecutive	oorations Center Circ			MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclos	ed is a che	ck for t	he followir	ig amount:			
□ \$70	.00 Filing	Fee		Filing Fee & icate of Status	0	\$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. SHARE CORPORATION				
(Enter name of corporation; must include "IN "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.				
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp. SHARE CORPORATION OF WISC (If name unavailable in Florida, enter alternation)	,			江
SHARE CORPORATION OF WISC	ONSIN			
(If name unavailable in Florida, enter alterna	te corporate name ad	opted for the purp	oose of transacting busines	ss in Florida)
2 WISCONSIN	3.	39-11429		7
(State or country under the law of which it is	incorporated)	(FE	I number, if applicable)	-
4. (2-10-1970) (Date of incorporation)	5.	Perperual		
(Date of incorporation)	(Duration: Year c	orp. will cease to exist or	"perpetual")
6. OI/OI/IH		•	· 	
(Date first tra	nsacted business in F 507.1501 & 607.150			
·				
7. TRZI N. Faulkner Rubel	MILLOUKE	E.WIS	3224	
(Pi	rincipal office addres	ss)		
(6)				
(CI	urrent mailing addres	SS)		
8. Chemical - Hardwave s	ماه د			
(Purpose(s) of corporation authorized i	n home state or coun	try to be carried o	out in state of Florida)	
9. Name and street address of Florida regist	tered agent: (P.O.	Box NOT acce	ptable)	
Name: MILLER MA	_ ,			
				
Office Address: 6618 849.	the it			
5(Cate A (City	•	. Florida	4222	
(City)	(2	Zip code)	
10 Pagistared agent's accentance				

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.

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: Patricia Des Jardins .
Address: 7821 N. Foulkner Red
Milwaukee WI 53224
Vice Chairman: Laule ' Des Jakolins
Address: Same
Director: Steve Hipp
Address: Same
Director: Kevin Behm
Address: Same
B. OFFICERS
President: Laure Des Jordins
Address: Same
Vice President: TUM DES JOINS
Address: Same
Secretary: MRVIN Behm
Address: Syme
Treasurer: Kevin Behm
Address: Syme
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. Laure Des Jordins President
(Typed or printed name and capacity of person signing application)

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

SHARE 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 December 10, 1970.

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 May 1, 2014.

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:

136285-DE51FF34