

8/28/2014 10:16:22 F

850 178 31

Division of Corporations

**H140000003635** ( 1/5 )  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000202637 3)))



H140002026373ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**API Holdings, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
14 AUG 28 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
14 AUG 28 PM 12:09  
TALLAHASSEE, FLORIDA

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** API Holdings, 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:

Laura L. Lightholder

Name of Person

Quarles & Brady LLP

Firm/Company

411 East Wisconsin Avenue, Suite 2350

Address

Milwaukee, WI 53202

City/State and Zip code

laura.lightholder@quarles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura L. Lightholder

at ( 414 ) 287-5387

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$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. API Holdings, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

## 2. Wisconsin

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

## 4. August 14, 2014

(Date of incorporation)

5.

perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

## 7. 411 East Wisconsin Avenue, Suite 1710, Milwaukee, WI 53202

(Principal office address)

411 East Wisconsin Avenue, Suite 1710, Milwaukee, WI 53202

(Current mailing address)

## 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 SOUTH PINE ISLAND ROAD

Plantation

(City)

, Florida

33324

(Zip code)

## 9. 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.

*Rebecca Barth*

(Registered agent's signature)

10. 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.

14 AUG 28 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

## 11. Names and business addresses of officers and/or directors:

## A. DIRECTORS

~~XXXXXXXX~~ Director: John K. Reinke

Address: 411 East Wisconsin Avenue, Suite 1710  
Milwaukee, WI 53202

~~XXXXXXXX~~ Director: Cory L. Nettles

Address: 411 East Wisconsin Avenue, Suite 1710  
Milwaukee, WI 53202

Director: Michael Erwin

Address: 411 East Wisconsin Avenue, Suite 1710  
Milwaukee, WI 53202

Director: All Antoniewicz

Address: 411 East Wisconsin Avenue, Suite 1710  
Milwaukee, WI 53202

## B. OFFICERS

~~XXXXXXXX~~ Chief Executive Officer: Charles Madore

Address: S82 W18762 Gemini Drive  
Muskego, WI 53150

Vice President: N/A

Address: \_\_\_\_\_

Secretary: John K. Reinke

Address: 411 East Wisconsin Avenue, Suite 1710, Milwaukee, WI 53202

Treasurer: John K. Reinke

Address: 411 East Wisconsin Avenue, Suite 1710, Milwaukee, WI 53202

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. Charles Madore, Chief Executive Officer

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

14 AUG 20 10 21 46  
TALLAHASSEE FLORIDA  
SECRET

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

**API HOLDINGS, 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 August 14, 2014.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and affixed the official seal of the  
Department on August 27, 2014.

*George Petak*

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

14 AUG 28 PM 2:46  
SECRETARY OF STATE  
EMLAHASSER  
LORIBA

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.wdfl.org/apps/ccs/verify/>

Enter this code: 142041-1B65B5CD