

11/7/2014 12:16:37 From: To: 8506176381

(1/5)

Division of Corporations

Florida Department of State
Division of Corporations
Annual 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.

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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

Solaris, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$1,187.50

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Corporate Filing Menu

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RECEIVED
14 NOV -7 AM 11:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
RECEIVED
14 NOV -7 PM 12:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Solaris, 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:

Angela Kiesgen

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

780 North Water Street

Address

Milwaukee, WI 53202

City/State and Zip code

kevin.oleary@solarismed.com

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

For further information concerning this matter, please call:

Angela Kiesgen

Name of Person

at (414) 287-9221

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

Solaris Wisconsin, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin 3. 39-1994148
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 8, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/05/2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6737 West Washington Avenue, Suite 3260, West Allis, WI 53214
(Principal office address)

6737 West Washington Avenue, Suite 3260, West Allis, WI 53214
(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, Florida 33324
(City) (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.

C T Corporation System
By: Connie B. Ryan
(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 NOV - 7 AM 11:56
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DEPARTMENT OF STATE
FLORIDA

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

A. DIRECTORS

Chairman: Kyle Weatherly
Address: 1818 N Water Street #505
Milwaukee, WI 53202

Vice Chairman: Kathy Weatherly
Address: 7540 Sunshine Skyway Ln Sout. Unit T-39
St. Petersburg, Florida 33711

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Kyle Weatherly
Address: 1818 N Water Street #505
Milwaukee, WI 53202

Vice President: Kathy Weatherly
Address: 7540 Sunshine Skyway Ln Sout. Unit T-39
St. Petersburg, Florida 33711

Secretary: Kathy Weatherly
Address: 7540 Sunshine Skyway Ln Sout. Unit T-39, St. Petersburg, Florida 33711

Treasurer: Kyle Weatherly
Address: 1818 N Water Street #505, 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. Kyle Weatherly, 10/20/2014 President, Treasurer & Director
(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

SOLARIS, 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 March 8, 2000.

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 November 4, 2014.

A handwritten signature in cursive script that reads "George Petak".

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

Enter this code: 144693-EA292E02