

Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Herzing Educational Foundation Ltd., Corporation

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Page Count	08
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DEC - 8 2014

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12/5/2014 16:07:16 From: To: 8506176381

850-617-6381

12/5/2014 3:00:53 PM PAGE 1/001 Fax Server



December 5, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM *FAX FILING*

SUBJECT: HERZING EDUCATIONAL FOUNDATION LTD.

REF: W14000072715

Place of accomplished place

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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

Andy Dunlap Senior Section Administrator FAX Aud. #: E14000279791 Letter Number: 614A00025714

COVER LETTER

,			
TO: New Filing Division of	Section Corporations		
SUBJECT, HERZIN	G EDUCATIONAL FOUNDAT	ION LTD., Corported	ìon
SOBVECT	Name of Corporati	on - must include suffix	
Dear Sir or Madam:			
Affairs in Florida", "C	ation by Foreign Not for Profi Certificate of Existence", or "C crenced not for profit corporat	Certificate of Status" and ch	eck are submitted to
Please return all corre	espondence concerning this ma	tter to the following:	•
		f Person	:
	Name o	i Person	
	Flrm/C	Company	
	Ad	dress	
·			
	City/State a	nd Zip Code	
achaste	ek@herzing.edu		
E	-mail address: (to be used for	uture annual report notifica	ation)
For further information	on concerning this matter, plea	se call:	
Name	of Person at () Area Code & Daytime To	lephone Number
MAILING A New Filing S		STREET/CO New Filing S	OURIER ADDRESS:
Division of C	Division of Corporations Division of Corporations		orporations
	P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ve Center Circle
Enclosed is a check for	or the following amount:		
□ \$70.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status	Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Name of corporation	ATIONAL FOUNDATION LTD., Co	TED" or "CORPORATION" or words or as	breviations of like
n the name at presen	it. "Company" or "Co." may not be used	ion instead of a natural person or partnership as a corporate suffix by a nonprofit corporat	ion.)
(If name unavailable	e in Florida, enter alternate corporate na	me adopted for the purpose of transacting bu	siness in Florida)
WISCONSIN			,
(State or country t	inder the law of which it is incorporated)	3. (FEI number, if applicable	
11/02/2009			*
(Date o	of Incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist	t or "perpetual")
Date first conducted	affairs in Florida if prior to registration.	ee sections 617.1501 & 617.1502, F.S. to dete	remine areador highlille.
		N SIXTH ST MILWAUKEE, WI 53203	rimine permity hobitity.)
THINK I G HERE!		office address)	-
	•	•	
HENRY O HERZII		N SIXTH ST MILWAUKEE, WI 53203	
	Curen	il mailing address)	
higher education		·	
Purpose(s) of corpo	ration authorized in home state or countr	ry to be carried out in the state of Florida)	
Name and street a	ddress of Florida registered agent: (F	O. Box NOT accentable)	7.0 -
	()	10. 20. <u>1. 2. 1</u>	1 A
Name:	C T Corporation System	<u></u>	
fice Address:	1200 South Pine Island Road	·	MASS ASS
			1.17 - 2
			The second secon
	Plantation	, Florida	= = = = = = = = = = = = = = = = = = =
	Planintion (City)	, Florida(Zip Code)	
. Registered age	(City)	(Zip Code)	II: 16
ving been named	(City) nt's acceptance; as registered agent and to accept se	(Zip Code)	To the place
ving been named Ignated in this ap ther agree to com	(City) nt's acceptance: as registered agent and to accept se oplication, I hereby accept the appoint tiply with the provisions of all statut	(Zip Code)	orporation at the place of act in this capacity.
ving been named ignated in this ap ther agree to com	(City) nt's acceptance: as registered agent and to accept se plication, I hereby accept the appoint ply with the provisions of all statute illar with and accept the obligation	(Zip Code) ervice of process for the above stated ca intment as registered agent and agree to es relative to the proper and complete p	orporation at the place of act in this capacity.
ving been named ignated in this ap ther agree to com	(City) nt's acceptance: as registered agent and to accept se plication, I hereby accept the appoint ply with the provisions of all statute illar with and accept the obligation	(Zip Code) ervice of process for the above stated continuent as registered agent and agree to the proper and complete possible of my position as registered agent.	orporation at the place of act in this capacity.
ignated in this ap ther agree to com	(City) nt's acceptance: as registered agent and to accept se plication, I hereby accept the appoint ply with the provisions of all statute illar with and accept the obligation	(Zip Code) ervice of process for the above stated continuent as registered agent and agree to the proper and complete possible of my position as registered agent.	orporation at the place of act in this capacity. I erformance of my

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.

See Attached	
12. Names and addresses of officers and/or director	s
A. DIRECTORS	
Chairman:	·
Address:	
Vice Chairman:	
Address:	
Pirector:	
\ddress:	
Director:	
Address:	
3. OFFICERS	
resident:	
Address:	
/icc President:	
Address:	
ccretary:	
ddress:	
reasurer:	
.ddress:	
iouress:	
IOTE: If necessary, you may attach an addendum (to the application listing additional officers and/or directors.
	or any officer listed in number 12 of the application)
4 Peter Heffernan, President	capacity of person signing application)

Board of Directors

Peter Heffernan (Chair), 525 N SIXTH ST, MILWAUKEE, WI 53203 James Hutton, 525 N SIXTH ST, MILWAUKEE, WI 53203 Barbara Karol, 525 N SIXTH ST, MILWAUKEE, WI 53203 Erin Hareng, 525 N SIXTH ST, MILWAUKEE, WI 53203 Ava Youngblood, 525 N SIXTH ST, MILWAUKEE, WI 53203 Henry Herzing, 525 N SIXTH ST, MILWAUKEE, WI 53203

Officers

Peter Heffernan, President, 525 N SIXTH ST, MILWAUKEE, WI 53203 Ava Youngblood, Vice President (Vice Chair), 525 N SIXTH ST, MILWAUKEE, WI 53203

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

HERZING EDUCATIONAL FOUNDATION LTD.

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 November 2, 2009.

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 December 3, 2014.

A Wisconia

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/ocs/verify/

Enter this code:

145753-C540ABD7