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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL ,	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

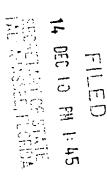
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12/11/14

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Spacesaver Corporation					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the				
Please return all correspondence concerning this matter to t	ne following:				
John Straw					
Name of Person	on				
Spacesaver Corporation					
Firm/Company	,				
1450 Janesville Ave					
Fort Atkinson, WI 53538					
City/State and Z	p code				
jstraw920@charter.net					
E-mail address: (to be used for fi	iture annual report notification)				
For further information concerning this matter, please call:					
John Straw at (920)	563-0735				
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tatlahassec, 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:					
	3.75 Filing Fee & S87.50 Filing Fee, rtified Copy Certificate of Status & Certified Copy				



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 DEC 10 AMII: 36

SECRETARY OF STATE MALLAHASSEE, FLORIDA

November 24, 2014

JOHN STRAW 1450 JANESVILLE AVENUE FORT ATKINSON, WI 53538

SUBJECT: SPACESAVER CORPORATION

Ref. Number: W14000070605

We have received your document for SPACESAVER 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 614A00024934



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.

(if name unavail	ESAVER MOBILE STE uble in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	siness in Florida)	-
_{2.} Wisonsin	3.	39-1054756		_
4. March 19		(FEI number, if applicable)		_
(Date 6. <u>12/1/201</u>		(Duration: Year corp. will cease to exist	l or "perpetual")	_
- 1450 Jane		n Florida, if prior to registration) 502, F.S., to determine penalty liability) . W1 53538		
/	(Principal office add			-
1450 Jane	sville Ave., Fort Atkinson, V	VI 53538	翠鏡	14
 	(Current mailing add	ress)) JEC
8. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	17747 12712	a
Name:	CT Corporation	·	mes Tivo	
Office Address:	1200 S. Pine Island Roa	d		± 45
	Plantation	Florida 33324	द्वीत	42
	(City)	, Florida 33324 (Zip code)		
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes a amiliar with and accept the obligations a	ment as registered agent and agree to relative to the proper and complete pe	act in this cape	acity. I
	Man Manian	Megan Morrison Assistant Secretary		
	MINIMA MINIMALIAMA	Assistant Secretary		

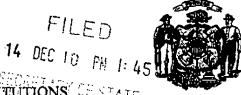
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED

11. Names and business addresses of officers and/or directors:	14 DEC 10 PH 1: 45
A. DIRECTORS	SPORETTARY OF STATE
Chairman: Richard J Resch	SECRETARY OF STATE TALLAMASSEE, FLORE A
Address: 1450 Janesville Ave	
Fort Atkinson, WI 53538	
Vice Chairman: Paul Olsen	
Address: 1450 Janesville Ave	
Fort Atkinson, WI 53538	
Director: Robert Charles	
Address: 1450 Janesville Ave	
Fort Atkinson, WI 53538	
Director:	
Address:	
B. OFFICERS	
President: Paul Olsen	
Address: 1450 Janesville Ave	
Fort Atkinson, WI 53538	
Vice President: Mark Haubenschild	
Address: 1450 Janesville Ave	
Fort Atkinson, WI 53538	
Secretary: Kelly Anderson	
Address: 1450 Janesville Ave, Fort Atkinson, WI 53538	
Treasurer: John Straw	
Address: 1450 Janesville Ave, Fort Atkinson, WI 53538	
71401455	care and/or directors
NOTE: If necessary, you may attach an addendum to the application listing additional office.	ces anaror an ectors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	
13. John Straw, Treasurer	
(Typed or printed name and capacity of person signing application)	

L DOM 180 181 183 United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, do hereby certify that

SPACESAVER 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 March 19, 1963.

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, 181.0120 or 183.0120 Wis. Stats., and that is has not filed articles of dissolution.

OF WISCOUTE DE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 19, 2014.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

BY

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.