# F15000000028

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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T. SCOTT

### **COVER LETTER**

	ion of Corporations			
SUBJECT:	Winona Foo	ods, Inc.		
SCBSECT.			- must include suffix	
Dear Sir or M	adam:			
"Certificate of	f Existence," or "Cer		Authorization to Transac ding" and check are sub ss in Florida.	
Please return	all correspondence c	oncerning this matter	to the following:	
Carl Bud	chinger			
		Name of l	Person	
Winona	Foods, Inc.			
•	•	Firm/Com	pany	, .
1552 Lir	neville Rd	· . · · . · .		
		Addre	ss	
Green E	Bay, WI 543	13	·	
		City/State ar	nd Zip code	
CBuchin	ger@Winona			
	E-mail	address: (to be used f	or future annual report n	otification)
For further inf	formation concerning	g this matter, please c	all:	
Carl Bud	chinger	at ( 920	593-6197	
Name	e of Person	Area (	Code & Daytime Telepho	one Number
New I Divisi Clifto 2661	ET/COURIER AD Filing Section ion of Corporations in Building Executive Center Cinassee, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, F	ction rporations
Enclosed is a	check for the follow		·	
□ \$70.00 File	_	5 Filing Fee &  ficate 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.

WinonaF	oods, Inc.			_
(If name unavaila		ne adopted for the purpose of transacting business in	Florida)	
<sub>2.</sub> Wisconsi	n <sub>:</sub>	<sub>3.</sub> 39-1835095		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		•
4. 10/18/199	95	<sub>5.</sub> Perpetual		_
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "per	petual")	-
6				_
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)		
1552 Line	ville Rd, Green Bay, WI	•	<del></del>	<u> </u>
7. 1002 En 10	(Principal office ac			- 뎚음
1552 Line	ville Rd, Green Bay, WI 54	•	要	## (# - *** (*)
	(Current mailing ac			- 177
			2	154
8. Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	PH 12: 51	en englis Tarih
Name:	Dave Meyer		ð	
Office Address:	375 Beach Rd #403/40	4		
	Tequesta	, Florida 33469		
	(City)	(Zip code)		
designated in this further agree to c	ed as registered agent and to accept sea application, I hereby accept the appoin	rvice of process for the above stated corporation of the state of the proper and complete perform of the property of the proper	this cape	acity. I

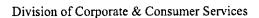
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIR	ECTORS		
Chairmar	Terry Steinmann		
Address:	1552 Lineville Rd		
	Green Bay, WI 54313		
Vice Cha	ı́rman:		
Address:			
Director:	Vicky Steinmann		
Address:	1552 Lineville Rd		
	Green Bay, WI 54313		
Director:	Dave Meyer		
Address:	375 Beach Rd #403/404	•	
	Tequesta, FL 33469		(FS)
B. OFF	TICERS	ر 5	<u> </u>
President	Terry Steinmann	JAN -	Table History History
Address:	4550 Lineville Del	م م	4
	Green Bay, WI 54313	PH 12:	
Vice Pres	Dave Meyer	50	<b>1</b>
Address:	275 Danah Dal #402/404		
	Tequesta, FL 33469		
Secretary	Vicky Steinmann		
Address:	1552 Lineville Rd, Green Bay, WI 54313		
Treasurer	Carl Buchinger		
Address:	4550 Line 111 D.L. O		•
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.	
12	Cal M Buchenger		
are true a a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the facts s and that he or she is aware that false information submitted in a document to the Department of Sta egree felony as provided for in s.817.155, F.S.		
13	(Typed or printed name and capacity of person signing application)		<del></del>

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS





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

#### WINONA FOODS, 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 October 16, 1995.

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 22, 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:

146677-92E5E7FB