

F15000003404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

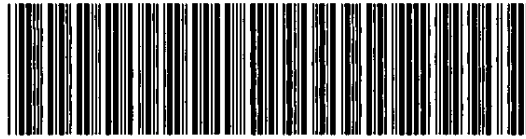
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/15--01026--003 **70.00

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15 JUL 27 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUL 27 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.A. Smith National, 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:

Candice J. Ekstrom

Name of Person

R.A. Smith National, Inc.

Firm/Company

16745 West Bluemound Road, Suite 200

Address

Brookfield, WI 53005

City/State and Zip code

candice.ekstrom@rasmithnational.com

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

For further information concerning this matter, please call:

Candice J. Ekstrom

Name of Person

at (262) 781-1000

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2015

CANDICE J EKSTROM
16745 WEST BLUMOUND ROAD, SUITE 200
BROOKFIELD, WI 53005

SUBJECT: R.A. SMITH NATIONAL, INC
Ref. Number: W15000046526

We have received your document for R.A. SMITH NATIONAL, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 915A00014452

**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. R.A. Smith National, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "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. 39-1318572

(FEI number, if applicable)

4. 1/5/1979

(Date of incorporation)

5. Perpetual

(Date of duration, if other than 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. 16745 West Bluemound Road, Suite 200, Brookfield, WI 53005

(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

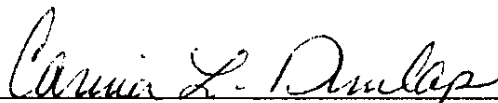
, Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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.



(Registered agent's signature)

Carina L. Dunlap
Asst. Vice President

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Richard A. Smith

Address: 16745 W. Bluemound Road, Suite 200

Brookfield, WI 53005

Director: Joan M. Smith

Address: 16745 W. Bluemound Road, Suite 200

Brookfield, WI 53005

B. OFFICERS

President: Richard A Smith

Address: 16745 W. Bluemound Road, Suite 200

Brookfield, WI 53005

Vice President: Joan M. Smith

Address: 16745 W. Bluemound Road, Suite 200

Brookfield, WI 53005

Secretary: Joan M. Smith

Address: 16745 W. Bluemound Road, Suite 200, Brookfield, WI 53005

Treasurer: Richard A. Smith

Address: 16745 W. Bluemound Road, Suite 200, Brookfield, WI 53005

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

12. Richard A. Smith 7-7-15

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Richard A. Smith - President

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

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ATTACHMENT

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

B.: Officers: Additional Officers of the Corporation

Survey Project Officer

John P. Casucci, P.L.S.
16745 West Bluemound Road, Suite 200
Brookfield, WI 53005
262-781-1000

Engineering Project Officer

Richard A. Smith, Jr., P.E.
16745 West Bluemound Road, Suite 200
Brookfield, WI 53005
262-781-1000

Engineering Project Officer

Steven J. Roloff, P.E.
16745 West Bluemound Road, Suite 200
Brookfield, WI 53005
262-781-1000

Engineering Project Officer

Ryan J. Lancour, P.E.
16745 West Bluemound Road, Suite 200
Brookfield, WI 53005
262-781-1000

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

R.A. SMITH NATIONAL, 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 January 5, 1979.

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 June 26, 2015.

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

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

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 156141 8DA94088