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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

National Investment Services, Inc. d/b/a National Investment Services, Inc. (WI)

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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K. SALY
EXAMINER
AUG -6 2015

**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.**

National Investment Services, Inc.

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

National Investment Services, Inc. (WI)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Wisconsin 80-0169636

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

November 3, 1993

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

March 31, 2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

777 E. Wisconsin Ave., Suite 2350, Milwaukee, WI 53202

7. _____
(Principal office address)

(Same)

(Current mailing address, if different)

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

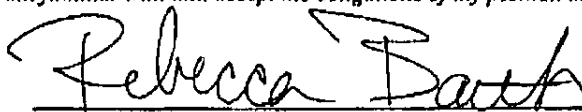
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City), Florida (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.



(Registered agent's signature)

Assistant Secretary
Rebecca Barth

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.

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

A. DIRECTORS

Chairman: Robert P. Brooks

Address: 777 E. Wisconsin Ave., Suite 2350, Milwaukee, WI 53202

Vice Chairman:

Address:

Director: Norman E. Sidler

Address: 777 E. Wisconsin Ave., Suite 2350, Milwaukee, WI 53202

Director:

Address:

B. OFFICERS

President: Robert P. Brooks

Address: 777 E. Wisconsin Ave., Suite 2350, Milwaukee, WI 53202

Vice President: Norman E. Sidler

Address: 777 E. Wisconsin Ave., Suite 2350, Milwaukee, WI 53202

Secretary: Jonathan B. Hoenecke

Address: 777 E. Wisconsin Ave., Suite 2350, Milwaukee, WI 53202

Treasurer: Jonathan B. Hoenecke

Address: 777 E. Wisconsin Ave., Suite 2350, 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 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. Jonathan B. Hoenecke, Secretary

(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

NATIONAL INVESTMENT SERVICES, 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 November 3, 1993.

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.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 05, 2015.

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: 159062-F1A5A2CA