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COVER LETTER

TO:	Registration Se Division of Co								
SUBJ	ECT: J	LM Adu	unced -	Techr	ical Serv	ices, In	۱, ۲,		_
		Name	of corporat	ion - mus	t include suffix				
Dear S	ir or Madam:								
"Certi	ficate of Existen	tion by Foreign C ce," or "Certificate gn corporation to	e of Good S	tanding"	and check are sul				
Please	return all corres	pondence concerr	ing this ma	tter to the	e following:				
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For fu	ther information	concerning this r	natter, pleas	se call:					
K	wan Pl	isch	at (9))	966-0800)			
	Name of Perso	on	Area C	ode	Daytime Telep	hone Number	r		
	Registration Se Division of Co	rporations	SS:		MAILING A Registration S Division of C	Section orporations			
	Clifton Buildin 2661 Executive Tallahassee, FI	Center Circle			P.O. Box 632 Tallahassee, I				
Enclos	ed is a check for	the following am	ount:						
5 \$70	0.00 Filing Fee	S78.75 Filir Certificate			75 Filing Fee & ified Copy	S87.50 Certific	cate of	Status	&

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. (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 3. 20-2440239
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 2-7-2005
(Date of incorporation)

5. (Date of duration, if other than perpetual) upon registration (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) N. Sandra St., Site B. Appleton,
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) n Corp Services, Inc. Name: Çņ 17888 67th Court North Office Address: oxahatchee , Florida 33470 (City) (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.

achieve fully and on behalf of Incom Services, Inc.
(Registered agent's signature)

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. DIRECTORS	
Chairman: James Hickmon	
Address: 211 N. Sandra St., Suite B	
Appletur WI 54911	
Vice Chairman: Bruce Trus Kowski	-
Address: 211 N. Sandra St., Suit B	
Appleta, WI 54911	
Director:	4.700
Address:	
Director:	
Address:	
B. OFFICERS	ES o
President: Bruce Trus Kawski	THE REST
Address: 2111 N. Sandra. St., Suite B.	
Appleton, WT 54911	
Vice President: Scott Bowman	2 2
Address: 211 N. Sandra St., Svite B	इंग क
Appleton, WI 54911	
Secretary: Ryan Plisch	
Address: 2111 N. Sanda St., Svik B Appleton, WI 54911	
Treasurer: Barb Wendt	
Address: 2111 N. Sanda St., Suite B. Appleton, WI 54911	
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) affare true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	
13. Typed or printed name and capacity of person signing applicat	ion)

DOM 180 181 185 183 2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

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

JLM ADVANCED TECHNICAL 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 February 7, 2005.

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 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 August 18, 2015.

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

BY: Debe

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.