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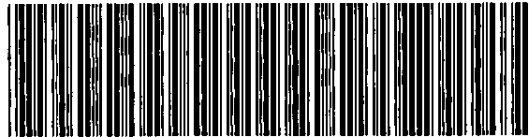
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TALLAHASSEE, FLORIDA

JAN 04 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2015

MARSHA CAPORASO  
5501 95TH AVENUE  
KENOSHA, WI 53144

SUBJECT: SURFIS INC.  
Ref. Number: W15000081326

We have received your document for SURFIS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 715A00026552

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TALLAHASSEE, FLORIDA



5501 - 95th Ave.  
Kenosha, WI 53144 USA  
262-653-2000  
Fax 262-653-2019  
www.abatron.com  
info@abatron.com

December 28, 2015

Ms. Shelia H. Young, Regulatory Specialist II  
FLORIDA DEPARTMENT OF STATE,  
Division of Corporations  
P.O. Box 6317  
Tallahassee, FL 33314

Dear Ms. Young:

Enclosed please find the completed application for SURFIS INC. as requested in your letter of December 18, 2015.

Yours truly,

  
Marsha Caporaso

MC/lg

Encl.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Surfis, Inc

**SUBJECT:** \_\_\_\_\_  
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:  
Marsha Caporaso

_____	Name of Person
Surfis, Inc	
_____	Firm/Company
5501 95th Ave.	
_____	Address
Kenosha, WI 53144	
_____	City/State and Zip code
marsha@abatron.com	
_____	E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marsha Caporaso	262	653-2000
_____	at (_____)	_____
Name of Person	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

**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.*

Surfis, Inc

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

Surfis, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Wisconsin 47-1252268

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
7/2/2014

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
11/15/2015

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

7. 1914 Corporate Dr., Boynton Beach, FL 33426  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Marco Caporaso

Name: \_\_\_\_\_

1914 Corporate Dr.

Office Address: \_\_\_\_\_

Boynton Beach

33426

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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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)

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**

Marco Caporaso

Chairman:

1914 Corporate Dr.

Address: Boynton Beach, FL 33426

Marsha Caporaso

Vice Chairman:

5501 95th Ave.

Address: Kenosha, WI 53144

Director:

Address:

Director:

Address:

**B. OFFICERS**

Marco Caporaso

President:

1914 Corporate Dr.

Address: Boynton Beach, FL 33426

Marsha Caporaso

Vice President:

5501 95th Ave.

Address: Kenosha, WI 53144

Secretary:

Address:

Treasurer:

Address:

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

12.

*Marsha J. Caporaso*  
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.

Marsha Caporaso/ Vice-Chairman

*Marsha Caporaso, Vice Chairman*

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

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

SURFIS 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 June 13, 2014.

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.

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on November 19, 2015.



*George Petak*

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

BY: *P. Weber*

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.