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SECRETARY OF STATE

JAN 04 2013 J. BRUCE

COVER LETTER

	stration Secti-						
SUBJECT:	-	L CORPORATION	ON				
SOBJECT.		Name o	of corporation	on -	must include suffix		
Dear Sir or M	ladam:						
"Certificate o	f Existence,"		of Good St	and	uthorization to Transac ing" and check are subr s in Florida.		,,,
Please return JOSEPH R BI	•	dence concerni	ng this matt	ter t	o the following:		
			Name o	of P	erson		, -
ARANDELL	CORPORATI	ON					
			Firm/Co	mp	any		
P.O. BOX 405	į.						
			Add	ires		-	
MENOMONE	EE FALLS, WI	SCONSIN 53052	2-0405			7215	
			City/State	and	l Zip code		17
JRBINTER@A	ARANDELL.					65 U	-
		E-mail address	: (to be used	d fo	r future annual report ne	1 1 4 mm/r	
For further in	formation co	ncerning this m	atter, please	e ca	11:	in to the contract of the con	
JOSEPH R BI	NTER		262		255-4400	3 3	
NI	e of Person		at ()	ana Numban	
Nam	e of Person		Area Co	oae	Daytime Teleph	one Number	
Regis Divis Clifto 2661 Talla	stration Secti- tion of Corpo on Building Executive Co hassee, FL 3	rations enter Circle			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	
□ \$70.00 Fil		\$78.75 Filing Certificate o	g Fee &		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing For Certificate of S	tatus &

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.

ARANDELL C	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	ne business in Florida)	-	
WISCONSIN		19-0554270	,		
	y under the law of which it is incorporated)	(FEI number, if ap	plicable)	-	
(Date	of incorporation)	(Date of duration, if other than perpetual)			
N82 W13118 LE	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 ON ROAD MENOMONEE PALLS, WI 53051		ity)		
		l office address)			
P.O. BOX 405	MENOMONBE FALLS, WI 53052-0405			•	
	(Current mailing	address, if different)	2015 C.C. 2015		
	et address of Florida registered agent: (P.O. BRIAN E. ALLNOCK	Box <u>NOT</u> acceptable)	DEC 31 RET//RY 1		
Name:	109 COLOMBARD CT	_	EST P		
	PONTE VEDRA BEACH	32082 , Florida			
	(City)	(Zip code)			
ving been nam ignated in this ther agree to c	ent's acceptance; ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of	ent as registered agent and agr lative to the proper and comple	ree to act in this capac ete performance of m	city.	

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. DIRE	BRADLEY J HOFFMAN							
Chairman:	N82 W13118 LEON ROAD							
Address:	MENOMONEE FALLS, WI 53051							
Vice Chair	TIMOTHY A NETTESHEIM			-				
	N82 W13118 LEON ROAD							
	MENOMONEE FALLS, WI 53051							
Director:								
Address:								
B. OFFI President:	BRADLEY J HOFFMAN							
Address:	N82 W13118 LEON ROAD	超黑	25					
	MENOMONEE FALLS, WI 53051	250	<u>5</u>	77				
Vice Presi	WALT EDWARDS dent:	SS	w	,				
Address:	N82 W13118 LEON ROAD	(14 g) -n 14	U	12.00				
_	MENOMONEE FALLS, WI 53051	And the same of	بب	The same				
Secretary:	TIMOTHY NETTESHEIM	## 'i						
Address:	N82 W13118 LEON ROAD MENOMONEE FALLS, WI 53051							
Treasurer:	DAVID KANE							
Address:	N82 W13118 LEON ROAD MENOMONEE FALLS, WI 53051							
NOTE: 12	If necessary, you may attach an addendum to the application listing additional officers	and/or	director	·S.				
are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms the and that he or she is aware that false information submitted in a document to the Departegree felony as provided for in s.817.155, F.S. VID KANE - VICE PRESIDENT FINANCE & INFORMATION TECHNOLOGY, TREASUR	tment of						

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

ARANDELL CORPORATION

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 25, 1988.

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 November 20, 2015.

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: 166

166401-F92C05AB