

F16000001743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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16 APR 12 AM 9:43
STATE
TALLAHASSEE, FLORIDA

4/4/16 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 12 PM 12:35
TALLAHASSEE, FLORIDA

March 28, 2016

KIM M. SCHMELING
3811 N HOLTON STREET
MILWAUKEE, WI 53212

SUBJECT: IN-PLACE MACHINING COMPANY, INC.
Ref. Number: W16000021993

We have received your document for IN-PLACE MACHINING COMPANY, 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 document must contain both the street address of the principal office and the mailing address of the entity. ✓

The name and title of the person signing the document must be noted beneath or opposite the signature. ✓

An individual must sign on behalf of the business entity you have designated as the registered agent. ✓

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 716A00006060

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APR 12 AM 9:42
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: In-Place Machining Company, 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:

Kim M. Schmeling

Name of Person
Firm/Company
Address
City/State and Zip code
E-mail address: (to be used for future annual report notification)
In-Place Machining Company, Inc.
3811 N Holton Street
Milwaukee, WI 53212
kschmeling@inplace.com

FILED
TALLAHASSEE, FLORIDA
APR 12 AM 9:43
SECRET
U.S. STATE

For further information concerning this matter, please call:

Name of Person	Area Code	Daytime Telephone Number
Kim M. Schmeling	414	562-2000 *223

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.*

In-Place Machining Company, Inc.

1. _____
(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. 39-0991859
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/15/1962 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/01/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3811 N Holton Street Milwaukee, WI 53212
(Principal office address)
- same
(Current mailing address, if different)

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

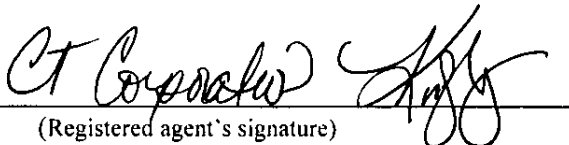
Name: CT Corporation

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.


(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.

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10 APR 12 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Jonathan D Eder

Address: 3811 N. Holton Street
Milwaukee, WI 53212

Vice Chairman: Daniel R. Eder

Address: 3811 N Holton Street
Milwaukee, WI 53212

Director: Roger D. Norgel

Address: 3811 N. Holton Street
Milwaukee, WI 53212

Director:

Address:

B. OFFICERS

President: Jonathan D. Eder

Address: 3811 N. Holton Street
Milwaukee, WI 53212

Vice President: Daniel R. Eder

Address: 3811 N. Holton Street
Milwaukee, WI 53212

Secretary: Roger D. Norgel

Address: 3811 N. Holton Street, Milwaukee, WI 53212

Treasurer: Roger D. Norgel

Address: 3811 N. Holton Street, Milwaukee, WI 53212

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. Roger D Norgel V.P.

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

FILED
APR 12 AM 9:43
STATE
TREASURY
LONDON

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

IN-PLACE MACHINING COMPANY, 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 May 15, 1962.

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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STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS
MILWAUKEE, WISCONSIN



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 16, 2016.

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: 173090-1EABF91F