

**File 000002414**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
MAY 26 PM 2:51

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Alpha Source Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

MAY 27 2016  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alpha Source 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:

Maria Principe

Name of Person

DLA Piper LLP

Firm/Company

203 N. LaSalle Street, Suite 1900

Address

Chicago, IL 60601

City/State and Zip code

maria.principe@dlapiper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Principe

at ( 312 )

368-3404

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.*

1. Alpha Source Inc.

(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. 39-1591039  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. August 5, 1987 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 6619 West Calumet Road, Milwaukee, WI 53223  
(Principal office address)

(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, FL 33324 , Florida  
(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.*

C T Corporation System

James M. Halpin  
Assistant Secretary

By: Jan M. Halpin  
(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.

FILED  
16 MAY 26 AM 9:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**A. DIRECTORS**

Chairman: Richard Lytle

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Vice Chairman: Norine Carlson-Weber

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Director: Alex Kessel

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Director: Michael Bernstein

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Director: David Schroeder

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Director: Fred Robertson

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Director: Allan Klotsche

Address: 6619 West Calumet Road, Milwaukee, WI 53223

**B. OFFICERS**

President: Richard Lytle

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Vice President: Michael Bernstein

Address: 6619 West Calumet Road, Milwaukee, WI 53223

Secretary: Alex Kessel

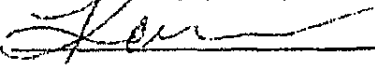
Address: 6619 West Calumet Road, Milwaukee, WI 53223

CFO: Karen Tichy

Address: 6619 West Calumet Road, Milwaukee, WI 53223

6 MAY 26 4M 30:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Karen Tichy, Chief Financial Officer

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

## ALPHA SOURCE INC.

### DIRECTORS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Richard Lytle	Director	6619 West Calumet Road, Milwaukee, WI 53223
Norine Carlson-Weber	Director	6619 West Calumet Road, Milwaukee, WI 53223
Alex Kessel	Director	6619 West Calumet Road, Milwaukee, WI 53223
Michael Bernstein	Director	6619 West Calumet Road, Milwaukee, WI 53223
David Schroeder	Director	6619 West Calumet Road, Milwaukee, WI 53223
Fred Robertson	Director	6619 West Calumet Road, Milwaukee, WI 53223
Allan Klotsche	Director	6619 West Calumet Road, Milwaukee, WI 53223

### OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Richard Lytle	President and Chief Executive Officer	6619 West Calumet Road, Milwaukee, WI 53223
Michael Bernstein	Vice President	6619 West Calumet Road, Milwaukee, WI 53223
Alex Kessel	Secretary	6619 West Calumet Road, Milwaukee, WI 53223
Karen Tichy	Chief Financial Officer	6619 West Calumet Road, Milwaukee, WI 53223
Robert Ospalik	Assistant Secretary	6619 West Calumet Road, Milwaukee, WI 53223

FILED  
6 MAY 26 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ALPHA SOURCE 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 August 5, 1987.

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 May 18, 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: 176372-3339FC32