

FILED 000004048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

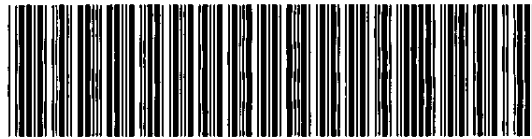
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100289995881

2016 SEP 12 A 9 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

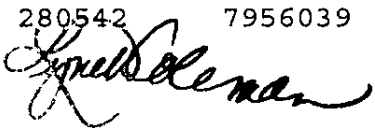
FILED

RECEIVED
2016 SEP 12 PM 4:31
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

S Warren

SEP 13 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 280542 7956039
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : September 6, 2016
ORDER TIME : 3:48 PM
ORDER NO. : 280542-050
CUSTOMER NO: 7956039

FOREIGN FILINGS

NAME: JM CARE PLAN, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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.*

JM Care Plan, 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. 38-3995885
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 18, 2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 24 Jewelers Park Drive, Neenah, WI 54956
(Principal office address)
- 24 Jewelers Park Drive, Neenah, WI 54956
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

(Registered agent's signature)

Melissa Zender
Asst. Vice President

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
2015 SEP 12 A 9 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: D. Scott Murphy
Address: 24 Jewelers Park Drive
Neenah, WI 54956

Vice Chairman: _____
Address: _____

Director: Bryon Nelson
Address: 24 Jewelers Park Drive
Neenah, WI 54956

Director: Mike Alexander
Address: 24 Jewelers Park Drive
Neenah, WI 54956

B. OFFICERS

President: D. Scott Murphy
Address: 24 Jewelers Park Drive
Neenah, WI 54956

Vice President: Bryon Nelson
Address: 24 Jewelers Park Drive
Neenah, WI 54956

Secretary: Mark Willson
Address: 24 Jewelers Park Drive, Neenah, WI 54956

Treasurer: Paul Fuhrman
Address: 24 Jewelers Park Drive, Neenah, WI 54956

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. Bryon Nelson- Vice President
(Typed or printed name and capacity of person signing application)

FILED
2012 APR 25
CLERK OF STATE
TALLAHASSEE, FLORIDA

Florida Additional Information

11B. Officers Cont.

Mike Alexander

Senior Vice President

24 Jewelers Park Drive Neenah, WI 54956

FILED

2012 SEP 12 A 9 26

CLERK 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, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

JM CARE PLAN, 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 March 18, 2016.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company 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 24, 2016.

A handwritten signature in black ink, appearing to read "David Duecker".

DAVID DUECKER, Deputy 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: **184468-DF4FEA38**