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Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					





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16 NOV 23 AN 9 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

WIN NO BEST STREET

D. SCOTT
DEC 1 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2016

CSC

RESUBMIT

Please give original
SUBJECT: J J PROTECTIVE SERVICES, INC. Submission date as file date.

SUBJECT: J J PROTECTIVE SERVICES, INC Ref. Number: W16000079263

Het. Number: W160000/9263

We have received your document for J J PROTECTIVE SERVICES, 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):

DOCUMENT IS ILLEGIBLE PLEASE RESUBMIT. DOCUMENT HAS LINE THROUGH IT.

We are enclosing the proper form(s) with instructions for your convenience.

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: 116A00025252

16 NOV 30 AH IN SONOV 23 NM 9: 01

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 378637 7694549

AUTHORIZATION: Smellecena

COST LIMIT : \$ 70.00

ORDER DATE: November 22, 2016

ORDER TIME : 12:45 PM

ORDER NO. : 378637-005

CUSTOMER NO: 7694549

FOREIGN FILINGS

NAME: J J PROTECTIVE SERVICES, 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:

COVER LETTER

TO: Registration Section Division of Corporations	
J J Protective Services, Inc. SUBJECT:	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matter. Karen Cashman	er to the following:
Name o	f Person
JJ Protective Services, Inc. DBA Pro-Tec Fire Services, L	d.
Firm/Co	mpany
2129 S. Oneida St.	
Add	ress PS 6
Green Bay, WI 54304	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
City/State	and Zip code
kcashman@protecfire.com	Hio I
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Karen Cashman 920 at (593-1721
Name of Person Area Co	de 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 Tallahassec, 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 & ☐ \$87.50 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	g business in Florida)
Wisconsin	:	(FEI number, if applicable)	
02/07/1977			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
upon filing			
·	(Date first transacted business (SEE SECTIONS 607.1501 & 607	in Florida, if prior to registration) 1502, F.S., to determine penalty liabili	ity)
2129 S. Onieda S	Street, Green Bay, WI 54304	, ,	
	(Prine	cipal office address)	SECRE F
	(Current ma	lling address, if different)	7 23 7 23 7 23 7 23
			Hig _ F
. Name and stre	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	TS =
. Name and <u>stre</u> Name:	et address of Florida registered agent: (E	P.O. Box <u>NOT</u> acceptable)	STATE FLORIDA
Name:		P.O. Box <u>NOT</u> acceptable)	N 23 M 9 07 NASSEE, TLORIDA
Name:	Corporation Service Company 1201 Hays Street Tallahassee	32301	STATE FLORIDA
	Corporation Service Company 1201 Hays Street Tallahassee		N 9: 07 STATE FLORIDA
Name: Office Address: Registered ag Having been nan lesignated in this further agree to o	Corporation Service Company 1201 Hays Street Tallahassee	32301, Florida, Cip code) rvice of process for the above state atment as registered agent and ago s relative to the proper and comple	ed corporation at the pla ree to act in this capacit ete performance of my
Name: Office Address: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept seas application, I hereby accept the appoint comply with the provisions of all statute.	32301, Florida, Florida, Zip code) rvice of process for the above state atment as registered agent and ago s relative to the proper and comple s of my position as registered agen	ed corporation at the pla ree to act in this capacit ete performance of my

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 Chairman: Gary Vanden Heuvel Address: BLC Community Bank, 206 E. Main St POBOX 28 Little Chute, W1 54140 - 0028 Vice Chairman: Address: Director: May I. Watermoles Green Bay W1 54301 Address: same as Gary Vander Heure! **B. OFFICERS** President: Mary T. Watermolen Address: same as above Vice President: Secretary: __ Address: ___ Treasurer: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Mary I. Watermolow 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.

T. Watermolen President / owner
(Typed or printed name and capacity of person signing application)

DOM 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, David J. Duecker, Deputy Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

J J PROTECTIVE SERVICES, 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 February 7, 1977.

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 23, 2016.

DAVID J. DUECKER, Deputy Administrator Division of Corporate and Consumer Services Department of Financial Institutions

BY