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(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations
GLOBALSOURCE INFORMATION TECHNOLOGY III, INC.

SUBJECT: _____
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:
BRUCE CHESSHIRE, GENERAL COUNSEL

Name of Person
GLOBALSOURCE IT III, INC.

Firm/Company
2835 NORTH MAYFAIR ROAD, SUITE 3

Address
WAUWATOSA WISCONSIN 53222

City/State and Zip code
brucec@employs.com

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

For further information concerning this matter, please call:

BRUCE CHESSHIRE 414 773-0604

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.**

GLOBALSOURCE INFORMATION TECHNOLOGY III, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
WISCONSIN 26-1537659

3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
NOVEMBER 16, 2007 (perpetual)

4. _____
(Date of incorporation) 5. _____
(anticipated February 1, 2017) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2835 NORTH MAYFAIR ROAD, SUITE 3, WAUWATOSA, WISCONSIN 53222

7. _____
(Principal office address)
(same)

_____ (Current mailing address, if different)

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

BUSINESS FILINGS INCORPORATED

Name:

1200 S. PINE ISLAND ROAD

Office Address:

PLANTATION

33324

_____, Florida
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Mary Jo Spalinger, Asst. Secretary
(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.

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

A. DIRECTORS

KENNETH KORB

Chairman:

1641 WHITE TAIL LANE

Address:

CEDARBURG WI 53012

ROBERT KORB

Vice Chairman:

656 KNOLLWOOD ROAD

Address:

WEST BEND WI 53095

JASON MASSMAN

Director:

2835 N. MAYFAIR ROAD

Address:

MILWAUKEE, WI 53222

Director:

Address:

B. OFFICERS

KENNETH KORB

President:

1641 WHITE TAIL LANE

Address:

CEDARBURG, WI 53012

ROBERT KORB

Vice President:

656 KNOLLWOOD ROAD

Address:

WEST BEND WI 53095

JASON MASSMAN

Secretary:

2835 N. MAYFAIR RD., MILWAUKEE WI 53222

Address:

DAVID KARLS

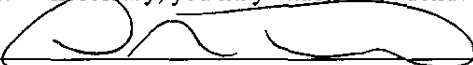
Treasurer:

N85 W18294 TYLER COURT, MENOMONEE FALLS WI 53051

Address:

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.

DAVID KARLS

13.

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

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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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

GLOBALSOURCE INFORMATION TECHNOLOGY III, 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 November 16, 2007.

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 January 19, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, 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: **193985-8BDCF3DF**