

FI7000000431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

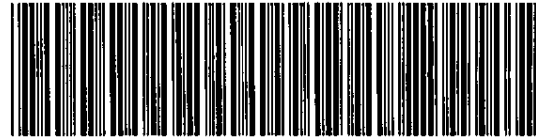
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JAN 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2016

REBECCA NELSON
PO BOX 761
MONTELLO, WI 53949

SUBJECT: NELSON AND PADE, INC.
Ref. Number: W16000086533

RECEIVED
2017 JAN 26 PM 2:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
*please note:
address has been
corrected.
Thank you*

We have received your document for NELSON AND PADE, 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.

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: 716A00027642

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nelson and Pade, 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:

Rebecca Nelson
Name of Person
Nelson and Pade, Inc.
Firm/Company
PO Box 761
Address
Montello, WI 53949
City/State and Zip code
nelson@aquaponics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Nelson at (408) 297-8708
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

FILED
JAN 26 PM 4:08
TALLAHASSEE, FL
SECRETARY OF STATE

**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. Nelson and Pade, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 26-1375556
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct 12, 2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. none to date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

W3731 State Hwy 23

7. ~~PO Box 761~~, Montello, WI 53949
(Principal office address)

~~SAME~~ PO Box 761, Montello, WI 53949
(Current mailing address, if different)

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


Name: Denay Brown, Esq.

Office Address: Messer Capareello, PA, 2618 Centinial
Tallahassee, Florida 32308
(City) (Zip code)

Place

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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JAN 26 PM 4:05
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

* Chairman: Rebecca Nelson
Address: PO Box 761
Montello, WI 53949

* Vice Chairman: John Pade
Address: PO Box 761
Montello WI 53949

* Director: David Pade
Address: 1322 Red Cedar Ct.
Onalaska, WI

Director: _____
Address: _____

B. OFFICERS

* President: Rebecca Nelson
Address: PO Box 761
Montello WI 53949

* Vice President: John Pade
Address: PO Box 761
Montello WI 53949

* Secretary: Rebecca Nelson
Address: PO Box 761, Montello, WI 53949

Treasurer: H
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.

13. Rebecca Nelson, president
(Typed or printed name and capacity of person signing application)

17 JAN 08 PM 4:08
FILED
SECRET
TAMPA

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

NELSON AND PADE, 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 October 12, 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 December 18, 2016.

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: 190680-9FF0B387