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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

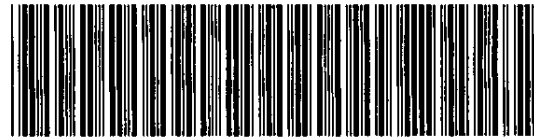
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D. SCOTT

FEB 8 2017

# Mellor, Grissinger & Backo, LLP

## ATTORNEYS AT LAW

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*Board Certified*  
*Wills, Trusts & Estates*  
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*Also Admitted District of Columbia*  
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[www.NorthPortLaw.com](http://www.NorthPortLaw.com)

Tuesday, January 31, 2017

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Register Foreign Profit Corporation – Targa, Inc.

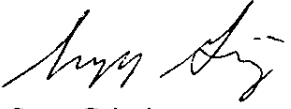
Dear Sir/Madam:

Please find enclosed a Cover Letter and Application by Foreign Corporation for Authorization to Transact Business in Florida for Targa, Inc.

Also enclosed is a Certificate of Existence from the State of Wisconsin, and a check in the amount of \$70.00 for the filing fee.

Please let us know if additional information is required.

Sincerely,  
MELLOR, GRISSINGER & BACKO, LLP

  
Suzy Grissinger  
Legal Assistant to  
Douglas W. Grissinger

/shg  
Encl.  
#170033

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Targa 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:

Robert F Koth

Name of Person

Targa Inc

Firm/Company

6650 University Ave.

Address

Middleton, Wisconsin 53562

City/State and Zip code

robin.koth@gmail.com

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

For further information concerning this matter, please call:

Robert F Koth

608

836-0500

at ( )

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

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TALLAHASSEE, FLORIDA

**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. Targa, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Targa Investments LLC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin USA 3. 39-1510304  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Dec. 15, 1983 5. active since 1983  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6650 University Ave. Middleton, Wisconsin 53562  
(Principal office address)
- same as above  
(Current mailing address, if different)

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

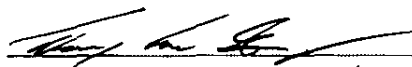
Name: Attorney Doug Grissinger

Office Address: 13801 Tamiami Trail Suite D  
North Port, Florida 34287  
(City) (Zip code)

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**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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Lindsay A Koth

Address: 6650 University Ave.

Middleton, Wisconsin 53562

Director: Brittany M Koth

Address: same as above

**B. OFFICERS**

President: Robert F Koth

Address: 6650 University Ave.

Middleton, Wisconsin 53562

Vice President: \_\_\_\_\_

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

Secretary: Denise A Holmes

Address: 6650 University Ave. Middleton, Wisconsin 53562

Treasurer: Denise A Holmes

Address: same

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Robert F. Koth  
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. Robert F Koth President

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

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

**TARGA, 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 December 20, 1983.

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 30, 2017.

*Mary Ann McCoshen*

MARY ANN MCCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

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10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 194472-D2621E8E