

F17000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

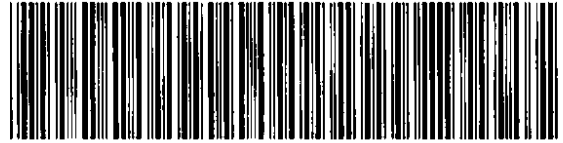
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800295529188

02/21/17--01037--009 **70.00

FEB 22 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 21 AM 11:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supply Chain Sciences, 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:

Richard A Reale II

_____ Verhelst CPA, S.C.	_____ Name of Person	FILED 17 FEB 21 AM 11:07 SECRETARY OF FLORIDA TALLAHASSEE, FL
_____ 602 Pleasant Oak Dr Ste F	_____ Firm/Company	
_____ Oregon, WI 53575	_____ Address	
_____ rick@verhelstcpa.com	_____ City/State and Zip code	
_____ E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Richard A Reale II	608	835-3628
_____ 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:

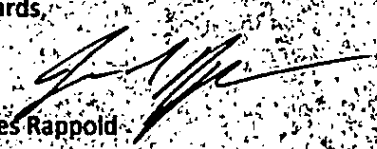
- | | | | |
|--|--|---|---|
| ☒ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee &
Certificate of Status | ☐ \$78.75 Filing Fee &
Certified Copy | ☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

Supply Chain Sciences, Inc.
c/o Verhelst CPA, S.C.
602 Pleasant Oak Dr. Ste F
Oregon, WI 53575

February 16, 2017

This is my consent to release Supply Chain Sciences, Inc. number F13000000796.

Regards,


James Rappold
President

FILED
FEB 21 2017
FBI - OREGON
17 FEB 21 AM 11:07

**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. Supply Chain Sciences, Inc.

(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)

Wisconsin

20-3987839

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

December 23, 2005

Perpetual

(Date of incorporation)

(Date of duration, if other than perpetual)

January 1, 2011

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

634 Emerald Lane Holmes Beach, FL 34217

(Principal office address)

c/o Verhelst CPA, S.C. 602 Pleasant Oak Dr Ste F, Oregon, WI 53575

(Current mailing address, if different)

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

Name: James Rappold

Office Address: 634 Emerald Lane

Holmes Beach

Florida 34217

(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.

(Registered agent's signature)

SIGN HERE

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:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

12.

Signature of Director or Officer

SIGN HERE

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. James Rappold, 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

SUPPLY CHAIN SCIENCES, 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 23, 2005.

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.

FILED
SECRETARY OF STATE
FALLAH/ASSET, F. ORIO
17 FEB 21 AM 11:07



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 14, 2017.

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: **195256-798EB844**