

F17000001372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$1100.00 W17-19221

2017 MAR -6 PM 4:33

STATE OF FLORIDA

Office Use Only



700294987257

03/07/17--01002--022 **78.75

03/24/17--01002--002 **1100.00

2017 MAR 23 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

MAR 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2017

SANDRA HAWKINS
1093 A1A BEACH BLVD. #278
ST. AUGUSTINE, FL 32080

SUBJECT: TECH CANARY CORPORATION
Ref. Number: W17000019221

We have received your document for TECH CANARY CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1100.00.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00004393

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tech Canary Corporation

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:

Sandra Hawkins

Name of Person

TechCanary Corporation

Firm/Company

1093 A1A Beach Blvd #278

Address

St. Augustine, FL 32080

City/State and Zip code

sandra.hawkins@techcanary.com

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

For further information concerning this matter, please call:

Sandra Hawkins

414
at ()

446-3999 option 3

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.*

1. Tech Canary Corporation

(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

37-1717348

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

3. _____
(FEI number, if applicable)

01/16/2015

4. _____
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

03/01/2015

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

500 W Silver Spring Dr., Suite K320, Milwaukee, WI 53217

7. _____
(Principal office address)

1093 A1A Beach Blvd. #278; St. Augustine, FL 32080

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470

(Zip code)

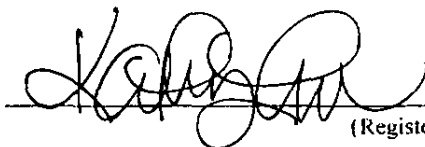
SECRETARY OF STATE
CORPORATE SERVICES
FLORIDA

2017 MAR 13 PM 12:46

FILED

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.



Kathy Shin on behalf of InCorp Services, Inc.

(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: Reid L Holzworth

Address: 500 W Silver Spring Dr., Suite K320, Milwaukee, WI 53217

Vice Chairman:

Address:

Director: Jason Boggs

Address: 70 Southbridge St., Worcester, MA 01608

Director: Eric Lenzen

Address: 555 East Wells Street., Suite 1900, Milwaukee, WI 53202-3819

B. OFFICERS

President: Reid L Holzworth

Address: 500 W Silver Spring Dr., Suite K320, Milwaukee, WI 53217

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

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. Reid L Holzworth

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

FILED
2011 MAR 23 PM 12:46
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

TECH CANARY CORPORATION

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 January 16, 2015.

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 March 03, 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: **196186-365EADBB**