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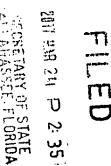
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

то:	-	Registration Section Division of Corporations			
SUBJ	ECT:	anufacturing Name of corporat	Solutions ion - must include suffix	sInc.	
Dear S	ir or Madam:				
"Certi	ficate of Existend	tion by Foreign Corporation ce," or "Certificate of Good S on corporation to transact bus	Standing" and check are sub		
Please	return all corres	pondence concerning this ma A Kroutt Name	of Person		
	Man uf	-acturing S	colutions.	Lnc.	
	13501	Swiftwa	ter Way		
	Lakeu	rood Rang	h FL 34 te and Zip code	1911	
	Kevint	rnuth@an	. i	notification)	
For fu	rther information	concerning this matter, plea	se call:		
De	bra Kr Name of Perso	on at (92)	O) 606-43 Code Daytime Telep	63 hone Number	
	Registration Sec Division of Co Clifton Buildir	rporations ng e Center Circle	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
Enclos	sed is a check for	the following amount:			
\$70	0.00 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. (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) WI (State or country under the law of which it is incorporated)

3. 20-1488467

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

10. Attached is a ceftificate 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: **B. OFFICERS** Address: 12 Vice President: Address: _____ Secretary: Address: __ Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

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

MANUFACTURING SOLUTIONS INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is August 12, 2004.

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 6, 2017.

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

BY: Joseph E. King