# F17000001791

(Requestor	's Name)			
(Address)				
(Address)	· · · · · · · · · · · · · · · · · · ·			
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing Officer:				



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D. SCOTT APR 2 0 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Output

Division of Corporations

April 4, 2017

LISE R GESSERT 10740 MIRASOL DR #204 MIROMAR LAKES, FL 33913

SUBJECT: SCEPTER COMMUNICATIONS INC.

Ref. Number: W17000028356

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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 Pijeaux Regulatory Specialist

Letter Number: 517A00006427

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Scepter Communications, 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:				
Lise R. Gessert  Name of Person				
Name of Person				
Scepter Communications, The. Firm/Company				
10740 Mirasol Dr. #204				
Audross				
Miromar Lakes, FL 33913  City/State and Zip code				
$r_{r_1}$				
L Gessert @ Scepter Communications. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy  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. Scepter	Communications	Inc		
(Enter name of cor	poration; must include "INCO p," "Inc," "Co," or "Corp.")	RPORATED," "CO	MPANY," "CORPORATIO	"NC
(If name unavailable	E in Florida, enter alternate co	<u>Cepter Softul</u>	are, Irc. 3 d for the purpose of transac	<u>fer Software Solutions</u> , Inc. ting business in Florida)
2. <u>Wisconsi</u>	<u>n</u>	3	39-1660851	
(State or country	under the law of which it is in	corporated)	(FEI number, if	applicable)
4. 4/17/#	Fincorporation)	5	(Date of duration, if oth	er than perpetual)
	· ····································		,	• • ,
6			da, if prior to registration) S., to determine penalty lial	bility)
7. 1809 E	Bristlecone Dr.	, Hartland	Wi 53029	
		(Principal off	ice address)	
10740	Mirasol Dr. # Zon	(Current mailing add	Lakes, FL 339	13
		(Current mailing add	ress, if different)	
8. Name and street	address of Florida register	ed agent: (P.O. Bo	x NOT acceptable)	-400 ···
Name:	Lise Gessert	-		ALCONO TO THE PARTY OF THE PART
Office Address:	10740 Mirasol7	Dr. # 204		FILED P
	Miramar Lakes	FL 3-3913	.Florida <i>33913</i>	19 2 O
	(City)		, Florida <u>33913</u> (Zip code)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
9. Registered ager				\$ <b>5</b>
designated in this a further agree to co		t the appointment f all statutes relati	as registered agent and over to the proper and com	
	Lisi Ku	seed.		
	- (	(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: \_\_ Address: **B. OFFICERS** President: Robert J. Gessert Address: 10740 Mirasol Dr. #204 Mirmar Lakes, FL 33913 Vice President: Address: \_\_\_\_\_\_\_ Secretary: Use R. Gessert Address: 10740 Mirasol Dr. # 204, Miramar Lakes, FL 33913 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. B. Clesset 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. Lise' R. Gessert S

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

DOM 180 181 183

#### 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

#### SCEPTER COMMUNICATIONS, 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 April 17, 2014.

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 23, 2017.

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

BY: Joseph E, Kur