

F17000001858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

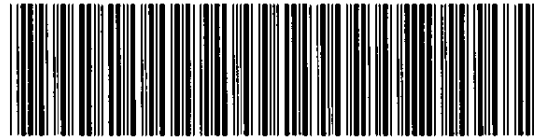
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 26 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

4-25-17

Name:	PSAB Enterprises, Inc.
Document #:	
Order #:	Carol

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Plain Copy:				
Certificate of Good Standing:				
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TALLAHASSEE, FL 32304

Thank you!

**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.

PSAB Enterprises, Inc.

1.

(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

2.

(State or country under the law of which it is incorporated)
3/10/2017

3.

(FEI number, if applicable)

Perpetual

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

N/A

6.

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

600 N. Broadway, Suite 200, Milwaukee, WI 53202

7.

(Principal office address)

(Current mailing address, if different)

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

Unisearch, Inc.

Name:

155 Office Plaza Drive

Office Address:

Tallahassee

32301

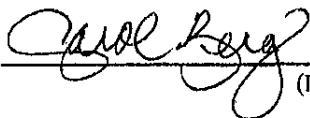
(City)

Florida

(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.



Carol Berg, Asst. Secretary

(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.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Patrick Sullivan

Address: 600 N. Broadway, Suite 200

Milwaukee, WI 53202

Director: Adam Brauhn

Address: 600 N. Broadway, Suite 200

Milwaukee, WI 53202

B. OFFICERS

President: Patrick Sullivan

Address: 600 N. Broadway, Suite 200

Milwaukee, WI 53202

Vice President: Adam Brauhn

Address: 600 N. Broadway, Suite 200

Milwaukee, WI 53202

Secretary: Patrick Sullivan

Address: 600 N. Broadway, Suite 200, Milwaukee, WI 53202

Treasurer: Adam Brauhn

Address: 600 N. Broadway, Suite 200, Milwaukee, WI 53202

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

12. Patrick Sullivan

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.

Patrick Sullivan, President

13. _____

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

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STATE OF FLORIDA
TALLAHASSEE

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

PSAB ENTERPRISES, 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 March 10, 2017.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 17, 2017.

Mary Ann McCoshen

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

FILED
17 APR 20 10 08 29
SECRET
TELETYPE
STATE
OFFICE

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: **198610-7ED1191A**