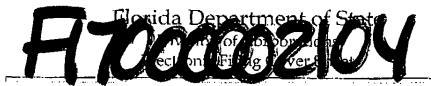
Division of Corporations

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### FOREIGN PROFIT/NONPROFIT CORPORATION

Stack Bros. Mechanical Contractors, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Listimated Charge	\$70.00

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## 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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated)  December 16, 1988  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SHE SHCTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3119 [fill Avenue, Superior, WI 54880  (Principal office address)  3119 Hill Avenue, Superior, WI 54880  (Current mailing address, if different)  Name:  API Processing - Licensing, Inc.  3419 Galt Ocean Drive, Suite A		able in Florida, enter alternate corporate name ad Wisconsin	dopted for the purpose of transacting business in Florida 39-1626712
(State of country under the law of which it is metorporated)  December 16, 1988  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (She Shettions 607,1501 & 607,1502, F.S., to determine penalty liability)  3119 Itill Avenue, Superior, WI 54880  (Principal office address)  3119 Hill Avenue, Superior, WI 54880  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  3419 Galt Ocean Drive, Suite A  Fort Lauderdale  Fort Lauderdale  Fort Lauderdale  33308			
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  3119 Hill Avenue, Superior, WI 54880  (Principal office address)  3119 Hill Avenue, Superior, WI 54880  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  3419 Galt Ocean Drive, Suite A  Fort Lauderdale  Fort Lauderdale  33308		y under the law of which it is incorporated)	Pernetual
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  API Processing - Licensing, Inc.  3419 Galt Ocean Drive, Suite A  Fort Lauderdale  Fort Lauderdale  33308		3119 Hill Avenue, Superi	ior, W1 54880
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Name:  3419 Galt Ocean Drive, Suite A  Fort Lauderdale  Fort Jauderdale  Florida  33308	Name and stree	address of Florida registered agent; (P.O.	Box NOT acceptable)
Fort Lauderdale , Florida 33308	Managar	API Processing - Licensing, Inc.	<b>F8</b> :
Fort Lauderdale , Florida 33308		1410 Galt Ocean Drive Suite A	
, Florida	(Name:		
(City) (Zip code)		3419 Clare Ocean Direct, State A	7.7
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Domintowed property appearance	fice Address:	Fort Lauderdale	, Florida (Zip code)
	fice Address: Registered ag	Fort Lauderdale (City) ent's acceptance:	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this co ther agree to comply with the provisions of all statutes relative to the proper and complete performance of	ice Address:  Registered ng ving been nan ignated in this	Fort Lauderdale  (City)  ent's acceptance: ted as registered agent and to accept service application, I hereby accept the appointment	e of process for the above stated corporation at the ent as registered agent and agree to act in this ca

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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11. Tablice and prismess sucresses of officers and/of corec-	1012:
A. DIRECTORS	
Chairman:	
Address:	
•	
	3
Address	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	
William Stock	•
3119 Hill Avenue, Superior, Wt. 54880	
Address:	10 to
Vice President:	7.0
Address:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	5岁美 丁
Secretary:	7000
Address:	
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ddress:	
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2. Signature of Dire	ctor or Officer
Tie officer or director signing this document (and who is list	
3. William Swek, Pr	resident.
/Trend or natural prime and consents	of netton signing application)

HO.276 #004

H17000127646 3 Page 4 of 4

# 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

### STACK BROS. MECHANICAL CONTRACTORS, 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 16, 1988.

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.

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11.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 09, 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:

199882-60071044

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