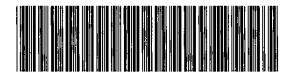
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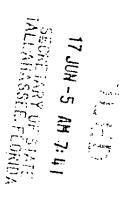
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	stration Section					
	FSI, Inc.					
SUBJECT:		Name of o	corporation -	must incl	ude suffix	
Dear Sir or M	ladam:					
"Certificate o	f Existence," of		Good Stand	ing" and o	check are sut	ct Business in Florida," omitted to register the
Please return Richard A. La	•	ence concerning	this matter t	o the follo	owing:	
			Name of Pe	erson		
Stafford Roser	nbaum LLP					
			Firm/Comp	any		
222 West Was	shington Avenue	, Suite 900, P.O. I	3ox 1784			
Madison, WI	53701-1784		Addres	S		
rlatta@staffor	dlaw.com	(City/State and	d Zip code		
	Ī	E-mail address: (to be used fo	r future a	nnual report	notification)
For further in	formation con	cerning this mat	er, please ca	ll:		
Richard A. Latta		608	259-2648			
Nam	e of Person	at	Area Code	.) D:	aytime Telep	shone Number
Regis Divis Clifto 2661	EET/COURING Stration Section Sion of Corporation Building Executive Cell hassee, FL 32	ntions nter Circle		R D P	MAILING A Registration S Division of C P.O. Box 632 Callahassee, I	Section orporations 7
Enclosed is a	check for the	following amour	nt:			
□ \$70.00 Fi	ling Fee 🗆	\$78.75 Filing F Certificate of S		\$78,75 F Certified	iling Fee & 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.

FSI, Inc.			
(Enter name of co	rporation: must include "INCORPORATED," rp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION	I,"
FSI Properties M	lanagement , lac.		
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transactin	g business in Florida)
Wisconsin	'isconsin 39-1751953		
(State or country	under the law of which it is incorporated)	(FEI number, if ap	plicable)
•	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
2651 Kirking Cou	(SEE SECTIONS 607.1501 & 607.15 irt, Portage, W1 53901 (Princip	02, F.S., to determine penalty liability	ity)
	(Current mailin	g address, if different)	7
3. Name and <u>stree</u> Name: Office Address:	t address of Florida registered agent: (P.C CT Corporation System 1200 South Pine Island Road). Box <u>NOT</u> acceptable)	7 JUN -5 AM 7: 4 CRETARY OF STA CAHASSEE, FLORI
	Plantation	, Florida	F = 1
	(City)	(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.

James M. Halpin - 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.

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

hairman	ı:	
ice Cha	irman:	
ddress:		
irector:	Jeffrey J. Liegel	,
ddress:	2651 Kirking Court, Portage, WI 53901	
irector:	Chad A. Stevenson	
ddress:	2651 Kirking Court, Portage, WI 53901	ين الم
3. OFF	Chad A. Stevenson	JAHASS
ddress:	2651 Kirking Court, Portage, W1 53901	AM 7:
CEO lice Pre s	Jeffrey J. Liegel	
	2651 Kirking Court, Portage, WI 53901	
ecretary	Chad A. Stevenson	
.ddress:	2651 Kirking Court, Portage, WI 53901	
reasure	Jeffrey J. Liegel r:	
ddress:	2651 Kirking Court, Portage, WI 53901	
		tional officers and/or directors.

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. Jeffrey J. Liegel, CEO

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

FSI, 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 March 11, 1993.

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 May 5, 2017.

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

BY: