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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Operat matruotions to 1 mily officer. |
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Office Use Only



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17 JUN -5 AMII: 45 SECRETARY OF STATE ALL ANASSES FLORID

S. WARREN JUN 0 8 2017

COVER LETTER

| TO: | Registration Se Division of Co | | | | | |
|-----------------------|--|--|-----------------|-----------|--|--|
| SUBJ | ECT: Answerp | ort, Inc. | | | | |
| | | Name | of corporation | on - mus | st include suffix | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | ficate of Existent | | te of Good St | anding" | and check are sub | ct Business in Florida," mitted to register the |
| Please | return all corres | pondence concer | ning this matt | er to the | e following: | |
| Keith. | J. Crowder | | | | | |
| | | | Name o | f Person | n | |
| Answe | erport, Inc. | | | | | |
| | N. Port Washingto | on Road | Firm/Co | mpany | | |
| | | | Add | lress | | |
| Meau | on, WI 53092 | | | | | |
| | | | City/State | and Zip | code | |
| kerow | der@answerport.co | \m | · | · | | |
| KC.OV. | der (de la la ver per t.e. | E-mail addres | ss: (to be used | for fut | ure annual report i | notification) |
| For fu | rther information | concerning this | matter, please | call: | | |
| Keith Crowder at (414 | | ١ 22 | 227-8988 | | | |
| | Name of Perso | n (| Area Co | de | Daytime Telep | hone Number |
| D. I. | Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI | rporations g c Center Circle 232301 | | | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| | sed is a check for 0.00 Filing Fee | the following and \$78.75 Filin Certificate | ng Fee & | | 75 Filing Fee & ified 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.

| 1. Answerport, In | c. | | | | | | | | |
|--------------------|--|--|------------------------------------|--|--|--|--|--|--|
| | corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION, | л | | | | | | |
| | | | | | | | | | |
| (If name unavai | lable in Florida, enter alternate corporate name ad | opted for the purpose of transacting | business in Florida) | | | | | | |
| 2. Wisconsin | Nisconsin 3. 39-1968545 | | | | | | | | |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | | | | | | |
| 4. 7-16-1999 | 5 | | | | | | | | |
| (Dat | e of incorporation) | (Date of duration, if other than perpetual) | | | | | | | |
| 6 | | | · | | | | | | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 | lorida, if prior to registration) 2, F.S., to determine penalty liability | <i>'</i>) | | | | | | |
| 7. 10200 N. Port W | Vashington Road, Suite 101, Mequon, WI 53092 | | | | | | | | |
| • | (Principal | office address) | ≥8: 3 | | | | | | |
| | | | 58 6 | | | | | | |
| | (Current mailing | address, if different) | FIL MASS | | | | | | |
| | | | البلايا بيراسيا | | | | | | |
| 8. Name and stre | eet address of Florida registered agent: (P.O. | Box NOT acceptable) | | | | | | | |
| Name: | CT Corporation System | | AM II: 45 OF STATE E, FLORID | | | | | | |
| | 10000 1 10 10 10 | _ | 京市 5 | | | | | | |
| Office Address: | 1200 South Pine Island Road | | | | | | | | |
| | Plantation | , Florida <u>33324</u> | | | | | | | |
| | (City) | (Zip code) | | | | | | | |
| 9. Registered as | gent's acceptance: | | | | | | | | |
| | ned as registered agent and to accept service | of process for the above stated | corporation at the place | | | | | | |
| | s application, I hereby accept the appointme comply with the provisions of all statutes rel | | | | | | | | |
| | familiar with and accept the obligations of t | | e perjormance oj my | | | | | | |
| | Stephane A | lonay | | | | | | | |
| - | | ent'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: John J. Cordio | |
| Address: N96 W7323 Coventry Street | |
| Cedarburg, WI 53012 | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | <u> </u> |
| | |
| B. OFFICERS | SEE, SE |
| President: John J. Cordio | FIST I |
| Address: 10200 N. Port Washington Road | 8 5 5 |
| Mequon, WI 53092 | |
| Vice President: Joseph Bingen | |
| Address: 10200 N. Port Washington Road | |
| Mequon, W1 53092 | |
| Secretary: John J. Cordio | |
| Address: 10200 N. Port Washington Road, Mequon, WI 53092 | |
| Treasurer: Keith J. Crowder | |
| Address: 10200 N. Port Washington Road, Mequon, WI 53092 | |
| NOTE: If necessary, you may attach an addendum to the application listing additional offi | cers and/or directors. |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the De | |

a third degree felony as provided for in s.817.155, F.S.

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

ANSWERPORT, 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 July 16, 1999.

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 21, 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:

200581-9E80C50E