

F17 000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

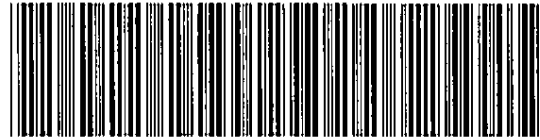
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cert
W17-86387

Office Use Only



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DIVISION OF CORPORATIONS
DEC 28 PM 3:26

N. CAUSSEAU

DEC 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2017

ROBERT LUTZ

7209 51ST AVE N
ST PETERSBURG, FL 33709

SUBJECT: ULTRA LIFT, INC.
Ref. Number: W17000086387

We have received your document for ULTRA LIFT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00021798

2017 DEC 28 AM 11:44

COVER LETTER

TO: Registration Section
Division of Corporations
ULTRA LIFT, INC

SUBJECT: _____
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:
ROBERT G LUTZ

Name of Person

Firm/Company

7209 51ST AVE N

Address

ST PETERSBURG, FL 33709

City/State and Zip code

SHELLEYLUTZ@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT G LUTZ

262

224-7934

at (_____) _____

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.*

ULTRA LIFT, 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 39-1977546

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/12/1999

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7209 51ST AVE N, ST PETERSBURG, FL 33709

7. _____
(Principal office address)

(Current mailing address, if different)

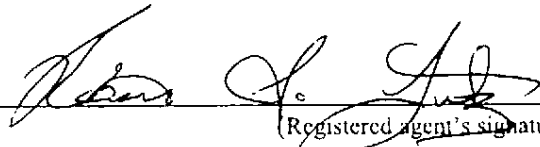
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT G LUTZ
7209 51ST AVE N

Office Address: ST PETERSBURG 33709
(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.


(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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DIVISION OF CORPORATE
REGISTRATION
2017 DEC 28 PM 3:26

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

ROBERT G LUTZ

Director: _____

7209 51ST AVE N, ST PETERSBURG, FL 33709

Address: _____

SHELLEY L LUTZ

Director: _____

7209 51ST AVE N, ST PETERSBURG, FL 33709

Address: _____

B. OFFICERS

SHELLEY L LUTZ

President: _____

7209 51ST AVE N, ST PETERSBURG, FL 33709

Address: _____

ROBERT G LUTZ

Vice President: _____

7209 51ST AVE N, ST PETERSBURG, FL 33709

Address: _____

ROBERT G LUTZ

Secretary: _____

7209 51ST AVE N, ST PETERSBURG, FL 33709

Address: _____

SHELLEY L LUTZ

Treasurer: _____

7209 51ST AVE N, ST PETERSBURG, FL 33709

Address: _____

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

12. _____

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.

SHELLEY L LUTZ - PRESIDENT

13. _____

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

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DEC 28 PM 3:26
ST. PETERSBURG, FL
COUNTY CLERK'S OFFICE

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

ULTRA LIFT, 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 October 8, 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 December 13, 2017.

A handwritten signature in cursive script that reads 'Mary Ann McCoshen'.

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

BY:

A handwritten signature in cursive script, likely of the official, written over a horizontal line.

