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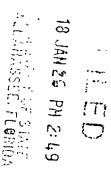
(Requestor's Name)					
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PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Sta	atus				
Special Instructions to Filing Officer:					

Office Use Only



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JAN 2 9 2016 Y SULKER

COVER LETTER

TO:	Registration Se Division of Co					
SUBJ	ECT:	MASTERS	BUFLOFA	G	SOLUTIONS, include suffix	INC.
		Name	of corporation	- must	include suffix	
Dear S	ir or Madam:					
"Certif	icate of Existen		e of Good Stan	ding" a	nd check are submit	Business in Florida," tted to register the
Please	return all corres	pondence concert	ning this matter	to the f	l ollowing:	
		PAUL	MONDI			
			MONDI Name of I	Person		
	MASTER	S RITUAT	FOLG SOL	I JT I	has Force	
	, , , , , <u>, , , , , , , , , , , , , , </u>	<u> </u>	Firm/Com	pany	0,42, , , , ,	
		908	STEWART	- 57	ons, INC	
			Addre	ess		
		man	TSUAL U	/E	53713	
			City/State ar	nd Zip c	53713 ode	
		PMON	I a MA	4STEI	CHUAC CO	m
		E-mail addres	s: (to be used f	or futur	SHVAC, Col annual report noti	fication)
For fur	ther information	concerning this r				
	PAUL MO	INOT	at (_608	_)	275 - 70. Daytime Telephon	23
•	Name of Perso	n	Area Code	2	Daytime Telephon	e Number
	ethert/col	INIED ADDRES	20		MAN ING ARR	D.F.G.G
	Registration Sc	JRIER ADDRES	o S :		Registration Secti	
	Division of Cor	porations			Division of Corpo	
	Clifton Buildin 2661 Executive				P.O. Box 6327 Tallahassee, FL 3	22214
	Tallahassee, FL				Tananassee, FL 3	52314
Enclose	ed is a check for	the following am	ount:			
□ \$70	.00 Filing Fee	S78.75 Filin Certificate			Filing Fee & 💆	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

							E FOLLOWING IS S THE STATE OF FLO		ro	
						ł				
l.	(Enter name of cor	poration must in	nclude "INCO	RPORATE	D" "CON	///	FNC, "CORPORATION,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	"Inc.," "Co.," "Cor	p," "Inc," "Co,"	or "Corp.")				C			
	•			-		-	ourpose of transacting	_	ida)	
2.	WIS	CONSIN		<u> </u>	3	20	- 351.504° (FEI number, if appl	9		
4.	8/	23/200	5		5	f	PERPETUAL of duration, if other the			
	(Dáte of	fincorporation)				(Date	of duration, if other th	han perpetual)		
6.										
							r to registration) rmine penalty liability	n 7.	≂'	
7	6						• •		& 	
٠		00 07120	<u> </u>	برر. Pri)	ncipal offic	e address	/ WI 5.		JAN22	
				SAM	v=			7.882 7.83.7	6 3	1 ~
					ailing addre	ss, f dif	ferent)		<u> </u>	Ţĩ
8.	Name and street a	address of Flo	rida registere	d agent: ((P.O. Box	NOT a	cceptable)	(2:49	
	Name:	ANNET	TE M.	KRONB	ERG			7.4	w	
Of	fice Address:	140 3	SE 245	h ST	CEET		33770 (Zip code)			
		CAP	E COR	A L		Florida	33990			
	•		(City)		,		(Zip code)			
Ho de. fu:	Registered agen aving been named signated in this ap ether agree to con	t's acceptance l as registered oplication, I h aply with the p miliar with and	e: agent and to ereby accept provisions of d accept the o	o accept so the appoi all statute obligation	ervice of p intment as es relative is of my pe	rocess f registe to the p	for the above stated red agent and agreo proper and complete as registered agent.	e to act in this	capaci	tv. I
	_	<u>, </u>	אטיען אַ	(Register	ed agent's	NW U signature	na -	_		
10 the	. Attached is a cer Department of S	rtificate of exi	stence duly a	uthenticat	ed, not me	ore than	90 days prior to del ustody of corporate	ivery of this ap	oplicati jurisdi:	on to

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: MICHAEL J. PAWELSKI Vice Chairman: MICHEL Address: ____ 908 BERGMANN Address: __ MADESON, WE 53713 Director: Address: **B. OFFICERS** MICHAEL J. PAWELSKI President: ______ Address: Vice President: _____DOUGLAS BERGMANN Address: _____ Secretary: MICHEL A. ROBERT MADISON WI S3713 Address: J. PAWELSKI ST MADESON WE Address: ___ NOTE: If necessary, you may attach as addendy in to the application listing additional officers and/or directors. 4 Jan 2018 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. MICHAEL J. PAWELSKI, PRESIDENT

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

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

MASTERS BUILDING SOLUTIONS, 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 September 8, 2005.

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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IN TESTIMONY WHEREOF phave; hereunto set my hand and affixed the official-seal of the Department on January 17:20[8.

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

BY: