



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MASTERS BUILDING SOLUTIONS, INC.

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:

PAUL MONDI

Name of Person

MASTERS BUILDING SOLUTIONS, INC

Firm/Company

908 STEWART ST.

Address

MADISON, WI 53713

City/State and Zip code

PMONDI@MASTERSHVAC.com

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

For further information concerning this matter, please call:

PAUL MONDI

Name of Person

at ( 608 )

Area Code

275-7023

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.

1. MASTERS BUILDING SOLUTIONS INC.  
(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)

2. WISCONSIN 3. 20-3515049  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/23/2005 5. PERPETUAL  
(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)

7. 908 STEWART ST. MADISON WI 53713  
(Principal office address)

SAME  
(Current mailing address, if different)

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

Name: ANNETTE M. KRONBERG

Office Address: 140 SE 24TH STREET

CAPE CORAL, Florida 33990  
(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.*

Annette M Kronberg  
(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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FLORIDA  
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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MICHAEL J. PAWELSKI

Address: 908 STEWART ST.

MADISON, WI 53713

Vice Chairman: MICHEL A. ROBERT

Address: 908 STEWART ST.

MADISON, WI 53713

Director: DOUGLAS E. BERGMANN

Address: 908 STEWART ST.

MADISON, WI 53713

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: MICHAEL J. PAWELSKI

Address: 908 STEWART ST.

MADISON, WI 53713

Vice President: DOUGLAS E. BERGMANN

Address: 908 STEWART ST.

MADISON, WI 53713

Secretary: MICHEL A. ROBERT

Address: 908 STEWART ST. MADISON WI 53713

Treasurer: MICHAEL J. PAWELSKI

Address: 908 STEWART ST. MADISON WI 53713

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

12.  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.

13. MICHAEL J. PAWELSKI, PRESIDENT

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

FILED  
18 JAN 26 PM 2:49  
U.S. DEPT. OF STATE  
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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.



IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the official seal of the Department on January 17, 2018.

*Mary Ann McCoshen*

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

BY:

*[Signature]*