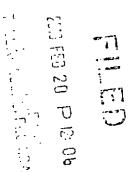
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COVER LETTER

TO:	Registration Se Division of Co					
SHRJ	ECT:	Above	· V;	en I	n ⊂ .	
50150		Name of corpor				
Dear S	Sir or Madam:					
"Certi	ficate of Existent	tion by Foreign Corporatio ce," or "Certificate of Good gn corporation to transact b	d Standing	and check are sub		
Please	return all corres	pondence concerning this r	natter to th	e following:		
		J.hn T	- eseas	ik s		
		J.ha T	ne of Perso	n		
		Above Vi	iew	Inc.		
		Firm	/Company			
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			Address		573	1
	m:1	Above Vi Firm 4750 5.10 Wanker City/Si	ムエ	235	2/: 2	- 1
		City/S	ate and Zip	code	7	
	itesens	E-mail address: (to be	وس. و	-0 1		
	7	E-mail address: (to be	used for fut	ure annual report i	notification).	
For fu	rther information	concerning this matter, ple	ease call:			
Jo	hn Tesc	$\frac{1}{2}$ at $\frac{4}{4}$	<u>14</u>)_	744- 7	118	
	Name of Perso	on Afea	i Code	Daytime Telep	none 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		
Enclos	sed is a check for	the following amount:				
☐ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78 Cer	.75 Filing Fee & tified Copy	\$87.50 Filing Certificate of Certified Cop	`Status &

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Above View Incorporate (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. (State or country under the law of which it is incorporated)

39-1714468

(FEI number, if applicable) 4. /1/2 6/9/ 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Stephen Lukach Name: 218 Stillwater CT. Office Address: Marco Island (City) 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. Stol Lukach
(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: A. DIRECTORS Chairman: Linda Wilhelms Address: 4750 S. 10th St. mi/w WI 5322/ Vice Chairman: Address: Director: Dan Wilhelms Address: 4750 S. 1049 St. Director: B. OFFICERS President: John N. Tesensky Vice President: Address: Address: 4750 S. 10th St. Milw WI 53221 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. John N. Tesensky President 13. _____

(Typed or printed name and capacity of person signing application

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

ABOVE VIEW 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 November 26, 1991.

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 February 12, 2018.

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: 21.16.13.71.4.505.CE