F180000001160

(Requestor's Name)					
(Address)					
(Address)					
(riddress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Sasmess End, Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer;					

Office Use Only



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18 MAR -7 PH : 49
SECRETARY OF STATE

K SALY MAR - 9 2018

COVER LETTER

	stration Section of Corpor				
	•	handisers, Inc.			
SUBJECT:		Name of co	rporation	must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence,"		Good Stand	authorization to Transac ling" and check are subt s in Florida.	-
Please return Roberta L. Ba	-	dence concerning t	his matter	to the following:	
			Name of F	erson	
KerberRose S	С				
	- 	Ĭ	irm/Com	pany	
PO Box 290					
	· ·		Addre	is	
Antigo, WI 5	4409				
		Ci	ty/State an	d Zip code	
bobbie.bastle@	@kerberrose.co	भार			
		E-mail address: (to	be used for	or future annual report n	otification)
For further in	formation co	ncerning this matte	r, please c	all:	
Roberta L. Ba	stle	at (715	623-7696	
Nam	e of Person		Area Code	Daytime Teleph	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		
Enclosed is a	check for the	following amount	:		
□ \$70.00 Fi	ling Fee C	3 \$78.75 Filing Fe Certificate of St		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of 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.

	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transacting b	ousiness in Florida)
Wisconsin 2.	. 39	9-2005743	,
	ry under the law of which it is incorporated) 5.	(FEI number, if applied	cable)
	e of incorporation)	(Date of duration, if other than perpetual)	
March 16, 2018	3		
N11022 Highwa	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 y 45, Elcho, WI 54428		
		office address)	
PO Box 337, El	cho, WI 54428-0337		
	(Current mailing	address, if different)	MAR CRET
8. Name and stree	et address of Florida registered agent: (P.O.) Gary Goerke	Box NOT acceptable)	R-7 PM
Office Address:	217 NW 10th Terrace	-	33 -
	Cape Coral	33993 . Florida	출발 2
	(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.

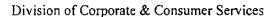
(Registered agent's signature)

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:	18 MAR -7 PM 1: 45
A. DIRECTORS	PA SECRETARY PH 1: 10
Gary G Goerke	SECRETARY OF STATE
N11022 Highway 45 Address:	
Elcho, WI 54428	··
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
N11022 Highway 45 Address:	
Elcho, WI 54428	
Vice President: Brenda Goerke	
N11022 Highway 45 Address:	
Elcho, WI 54428	
Brenda Goerke Secretary:	
N11022 Highway 45, Elcho, WI 54428 Address:	
Gary G Goerke Treasurer:	
N11022 Highway 45, Elcho, WI 54428 Address:	
NOTE: Unecessary, you may attach an addendum to the application listing add	ditional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	
13. Gary G. Goerke, President & Director	
(Typed or printed name and capacity of person signing	application)

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 of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

IMPORT MERCHANDISERS, 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 September 25, 2000.

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.

SECRETARY OF STATE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 02, 2018.

of Pinancia.

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:

215711-7937B461