F18000001177

(Red	questor's Name)				
(Address)					
(Address)					
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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02/28/17--01002--030 **78.75

TILED AND PARTY STATE



February 21, 2018

ALISHA KRZEWINA N2570 MCCABE RD KAUKAUNA, WI 54130

SUBJECT: WIRE TECH #1 Ref. Number: W18000017622

We have received your document for WIRE TECH #1 and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please include corporate on the alternate name.

Please return your document, along with a copy of this letter, within 60 days or = your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00003654

BEPARTMENT OF STATE AVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wire Technologies, Inc.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ling" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Alisha Krzewina	
Name of P	erson
Wire Technologies, Inc.	
Firm/Comp	pany
N2570 McCabe Rd.	2011 1011
Addres	MAR ARA
Kaukauna, WI 54130	<u></u> بىنىدى
City/State and	
akrzewina@wiretech-inc.com	mich 🛴 👅
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	
Alisha Krzewina at (920	766-5172
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	S78.75 Filing Fee & Certified Copy S87.50 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. Wire Technolo	gies, Inc.				
	corporation; must include "INCORPORAT Corp." "Inc," "Co," or "Corp.")	€D,'	" "COMPANY," "CORPORATION	· · · · · · · · · · · · · · · · · · ·	
Wire Tech #1					
(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transactin	g business in Florida)	
2. WI		3.	39-1657934		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 11/29/89		5			
(Date of incorporation)		۷.	(Date of duration, if other	than perpetual)	
6.					
¬ N2570 McCabe			n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)	
7. 1.2010 11100000		incij	pal office address)		
	·	•	, , , , , , , , , , , , , , , , , , ,	2918 FALL	
	(Current n	iailii	ng address, if different)		
8. Name and stre	et address of Florida registered agent:	(P.0	O. Box <u>NOT</u> acceptable)	m _{cs} 11	
Name:	Northwest Registered Agent, LLC.				
Office Address:	3030 N. Rocky Point Dr. STE 150A			II: 08	
	Tampa		, Florida <u>33607</u>		
	(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.



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: Address: _ Vice Chairman: Address: ___ Director: Director: Address: _ **B. OFFICERS** President: Timothy Meredith Address: N2570 McCabe Rd. Kaukauna, WI 54130 Vice President: John Hynes Address: N2570 McCabe Rd. Kaukauna, WI 54130 Sccretary: Richard Hynes Address: N2570 McCabe Rd. Kaukauna, WI 54130 Lareasurer: Steven Meredith Address: N2570 McCabe Rd. Kaukauna, WI 54130 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. John Hynes \sqrt{Q}

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

WIRE TECHNOLOGIES, 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 29, 1989.

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, I have hereunto set my hand and affixed the official seal of the Department on February 14, 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:

214739-A37623E8

