

F18000001608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

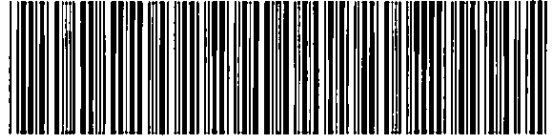
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500311162915

04/06/18--01001--003 **70.00

2018 APR -5 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 APR -5 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 06 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 4/5/2018

****WALK IN****

ENTITY NAME MSA PROFESSIONAL SERVICES, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

CHECK # 4694

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations
MSA Professional Services, Inc.

SUBJECT: _____
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:

Harbor Compliance	Name of Person
48-50 W Chestnut St Ste 301	Firm/Company
Lancaster, PA 17603	Address
KHanger@msa-ps.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Harbor Compliance	717	723-9317
at (_____) _____		
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

MSA Professional Services, Inc.

1. _____
(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)
Wisconsin 39-1016174

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/06/1962

4. _____ 5. _____
(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)
1230 South Boulevard, Baraboo, WI 53913

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(City) (Zip code)

FILED
18 APR -5 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Bill Havre/Secretary/Registered Agents Inc.

(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

See attached

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

See attached

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
18 APR -5 AM 8 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. Gilbert A. Hantzsch _____

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.

Gilbert A. Hantzsch, CEO

13. _____

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

Addendum to Application for Certificate of Authority
MSA Professional Services, Inc.

11. Names and business addresses of officers and/or directors:

A. Directors

Name:	Address:	Title
Gilbert A. Hantzsch	55725 Devils Crown Drive, Baraboo, WI 53913	President / CEO / Director
Michael J. Statz	1504 Wexford Drive, Waunakee, WI 53597	Board Chairman /Director
Michael J. Laue	329 South Street, Juneau, WI 53039	Secretary, Director
Brian D. Miller	6337 Red Hawk Trail, Lino Lakes, MN 55014	Director
Charles M. Bongard	N1177 Steckelberg Drive, Prairie du Sac, WI 53590	Executive V-P, Director/Treasurer
Ronald L. Slater	4549 Deering Trail, Middleton, WI 53562	Director (non-employee)
David A. Sprengle	7508 Cistena Way, Parker, CO 80134	Director (non-employee)
Raine L. Gardner	S3535 Pine Knoll Court, Baraboo, WI 53913	Director
Scott D. Martin	417 E. Lincoln Avenue, Tomahawk, WI 54487	Director

B. Officers

Name:	Address:	Title
Gilbert A. Hantzsch	55725 Devils Crown Drive, Baraboo, WI 53913	CEO
Michael J. Statz	1504 Wexford Drive, Waunakee, WI 53597	COO
Craig R. Fields	5547 North Ridge Circle, Bettendorf, IA 52722	Director of Human Resources
James M. Holz	3010 Indiana Court, Dubuque, IA 52001	Director of Client Services
Michael J. Maloney	1217 Kings Lynn Road, Stoughton, WI 53589	VP of Southeast WI Municipal Svcs
Scott D. Martin	417 E. Lincoln Avenue, Tomahawk, WI 54487	VP of Northern WI Municipal Svcs.
Brian D. Miller	6337 Red Hawk Trail, Lino Lakes, MN 55014	VP of Minnesota Services
Jason E. Miller	305 NE 17 th Street, Ankeny, IA 50021	VP of Iowa Services
Joseph G. Parchem	321 Vine Street, Baraboo, WI 53913	Director of Information Technology
Alyssa L. Scheuneman	754 Prestwick Drive, Champaign, IL 61822	Marketing Manager
Robin R. Uphoff	525 Bascom Hill Drive, Baraboo, WI 53913	VP of Southwest WI Municipal Svcs
Nicholas A. Wagner	2985 Hartford Drive, Bettendorf, IA 52722	VP of Illinois Services

FILED
13 APR -5 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MSA PROFESSIONAL SERVICES, 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 July 06, 1962.

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 April 04, 2018.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

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: **217667-9CA3D65E**