

FI8000002377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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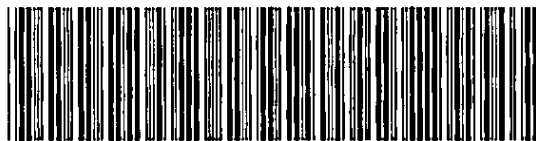
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/18--01016--024 **87.50

FILED
2018 MAY 18 PM 3:32
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

MAY 21 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edgerton Contractors, 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:

Ryan C. Murphy

Name of Person

Edgerton Contractors, Inc.

Firm/Company

545 West Ryan Road

Address

Oak Creek, Wisconsin, 53154

City/State and Zip code

rm@edgerton.us

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

For further information concerning this matter, please call:

Ryan C. Murphy

Name of Person

at (414)

Area Code

764-4443

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. **Edgerton Contractors, 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. **39-0983632**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **May 4, 1961** 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. **No business as of the date of this submission.**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **545 West Ryan Road, Oak Creek, Wisconsin, 53154**
(Principal office address)

(Current mailing address, if different)

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

Name: **Business Flings Incorporated**

Office Address: **1200 South Pine Island Rd**
Plantation, Florida **33324**
(City) (Zip code)

FILED
25th MAY 19 PM 9:32
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.

Brenna Gutter Asst. Secretary
(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: Steven Nachreiner

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

Vice Chairman: Thomas P. Wolf

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

Director: Jeremy Craven

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

Director: Ryan C. Murphy

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

B. OFFICERS

President: Steven Nachreiner

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

Vice President: Jeremy Craven and Ryan C. Murphy

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

Secretary: Thomas P. Wolf

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

Treasurer: Thomas P. Wolf

Address: 545 West Ryan Road, Oak Creek, Wisconsin, 53154

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

12. Ryan C. Murphy

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. Ryan C. Murphy, Vice President

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

RECEIVED
MAY 18 PM 3 52
TALLMASTERS
OF WISCONSIN

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

EDGERTON CONTRACTORS, 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 May 04, 1961.

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 May 10, 2018.

A handwritten signature in cursive script, 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.wdfl.org/apps/ccs/verify/>