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SECRETARY OF STATE

2018 JUN 25 FK 6: 06

Beckinan Lawson, LP 201 West Wayne Street Fart Wayne, Indiana 46802

1EL 260 422 0800 FAX 260 420 1013



ERIN M. HECK Direct Dial: 260.425.1683 eheck@beckmanlawson.com

June 7, 2018

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida – Genesis Industries, Incorporated

Dear Registration Section:

Enclosed is an original and one (1) copy of an Application by Foreign Corporation for Authorization to Transact Business in Florida for the above-referenced company, along with an original Certificate of Statue from the State of Wisconsin. Also enclosed is Check No. 93637 in the amount of \$70.00 for the filing fee. Please return a file-stamped copy in the enclosed self-addressed, stamped envelope.

If you have any questions, please feel free to call.

Sincerely,

BECKMAN LAWSON, LLP

#### Erin M. Heck

Erin M. Heck EMH/sdm Enclosures

cc: Genesis Industries, Incorporated

# **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	ns		
Genesis Industrie	s, Incorporated		
SUBJECT:	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corporate to the corp	Certificate of Good Stand	ing" and check are subn	Business in Florida," nitted to register the
Please return all correspondence Erin M. Heck	e concerning this matter t	o the following:	
	Name of Pe	erson	
Beckman Lawson, LLP			
	Finn/Comp	any	, , , , , , , , , , , , , , , , , , ,
201 W. Wayne St.			
	Addres	3	
Fort Wayne, IN 46802			
	City/State and	l Zip code	
eheck@beckmanlawson.com			
E-m	ail address: (to be used fo	r future annual report no	otification)
For further information concer	ning this matter, please ca	11:	
Erin M. Heck	260	422-0800	
Name of Person	at ( Area Code	Daytime Teleph	one Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons · Circle I	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	ection rporations
		\$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.

	orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	-
N/A			_
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-
Wisconsin 2.	3.	39-1538522	_
	y under the law of which it is incorporated)	(FEI number, if applicable)	_
6-24-1985	5.	Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	-
10-1-2017 6.	,		
	(000 000000NO 407 1401 & 407 1	TOO TO C. A. J. A.	
7. <u> </u>	venue, Spring Valley, WI 54767 (Princi	pal office address)	. 356.3 2.0102
7	venue, Spring Valley, WI 54767 (Princip ring Valley, WI 54767	pal office address)	ADC BIRZ
7	venue, Spring Valley, WI 54767 (Princip ring Valley, WI 54767	pal office address)	· ·
7. P.O. Box 39, Sp. 8. Name and stre	venue, Spring Valley, WI 54767 (Princip ring Valley, WI 54767	ng address, if different)  O. Box NOT acceptable)	JUN 25 PM 6:
7P.O. Box 39, Sp	(Principle) (Principle) (Principle) (Current mailing) (Example) (Current mailing) (P.4)	ng address, if different)  O. Box NOT acceptable)	JUN 25 PM
P.O. Box 39, Sp.  8. Name and stre  Name:	(Principle) (Principle) (Current mailing) (Example) (Current mailing) (Current maili	ng address, if different)  O. Box NOT acceptable)	JUN 25 PM 6:

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.

	: <b>2</b>
	2018 J
•	JUN 25
	25 ASS
11. Names and business addresses of officers and/or directors:	E P
A. DIRECTORS	ELOS ES
Mark L. Anderson	공주 <b>6</b>
Chairman:	
Address:	
	<del></del>
Vice Chairmen:	<del></del>
Address:	
Carol Anderson	
Director:  303 S. McKay Avenue, Spring Valley, WI 54767	<del>,</del>
Address:	<del></del>
Director:	
Address:	
D. ONDIGERS	
B. OFFICERS  Mark L. Anderson	
President:	
303 S. McKay Avenue, Spring Valley, WI, 54767 Address:	<del> </del>
John C. Harmon Vice President:	
303 S. McKay Avenue, Spring Valley, WI 54767	
Address:	
Sharon VandenBerge	
Secretary:	
303 S. McKay Avenue, Spring Valley, WI 54767 Address:	
Greg Weber Treasurer:	
303 S. McKay Avenue, Spring Valley, WI 54767 Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	/or directors
Aff UNNI	, or an octors.
12. Signature of Director or Officer	***
The officer ordirector signing this document (and who is listed in number 11 above) affirms that the	e facts stated herein
are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.	n or state constitutes
Mark L. Anderson, President	
13. (Typed or printed name and canacity 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

### GENESIS INDUSTRIES, INCORPORATED

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 June 24, 1985.

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.

or Pinancia.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official scal of the Department on May 30, 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:

221968-1F52C9B1