

F18000003914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

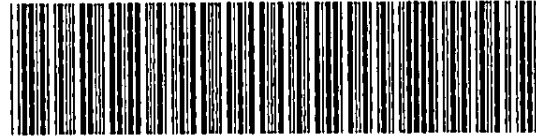
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/16--01004--013 **87.50

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2018 AUG 23 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations
R.J. Schinner Co, 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:
Tim Angers

Name of Person
R.J. Schinner Co, Inc

Firm/Company
N89 W14700 Patrita Dr

Address
Menomonee Falls, WI 53051-2365

City/State and Zip code
Tangers@rjschinner.com

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

For further information concerning this matter, please call:

Tim Angers 262 901-1942

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 ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2018

TIM ANGERA
N89 W14700 PATRITA DRIVE
MENOMONEE FALLS, WI 53051-2365

SUBJECT: R.J. SCHINNER CO., INC
Ref. Number: W18000072334

We have received your document for R.J. SCHINNER CO., INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 518A00016440

RECEIVED
2018 AUG 23 AM 10:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

R.J. Schinner Co, 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 39-0956660

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
12/29/1956 Perpetual

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
7/20/2015

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
4429 Madison Industrial Ln Tampa, FL 33619-9610

7. (Principal office address)
N89 W14700 Patrita Dr N89 W14700 Patrita Dr
(Current mailing address, if different)

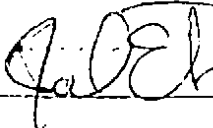
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Joel Turner

Office Address: 4429 Madison Industrial Ln
Tampa 33619-9610
(City) , Florida (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.

 OPERATIONS Manager-RJS
(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.

FILED
2018 AUG 23 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Jim Schinner

Chairman:

N89 W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

Vice Chairman:

Address:

Jeff Heeren

Director:

W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

Tom Schinner

Director:

W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

B. OFFICERS

Ken Schinner

President:

W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

Jeff Heeren

Vice President:

W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

Tim Angers

Secretary:

W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

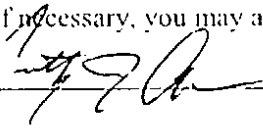
Joe Siekierski

Treasurer:

W14700 Patrita Dr Menomonee Falls, WI 53051-2365

Address:

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

12.  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. Tim Angers / Secretary

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

FILED
2018 AUG 23 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

R. J. SCHINNER CO., 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 December 29, 1958.

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 July 19, 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: 225080-AE58417C