F18000004947

(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:				
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Office Use Only



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Jan 8

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	Cool Run	nings Logistics, INC.			
SUBJ	ECI:	Name of corpora	tion - mus	include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existenc	ion by Foreign Corporation e," or "Certificate of Good S n corporation to transact bu	Standing"	and check are sub	
	return all corres _l an W. Groessl	oondence concerning this ma	atter to the	following:	
		Name	of Person		
Carney	Thorne, LLC	P: 10			
		r irin/C	Company		
РО Во	x 2000	Λ.	ddress		
Janesy	ille WI_53547-200	0			
	10	•	te and Zip	code	
Jgroess ———	sl@carneythorpe.co 	E-mail address: (to be us	ad for futi	iro annual raport	notification)
		•		ire annuai report	notification)
For fu	rther information	concerning this matter, plea	se call:		
Jonatha	an W. Groessl	m / coo	\ 7.5		
	Name of Perso	n at (<u>608</u> n Area (1-1700 Daytime Telep	phone Number
	Registration Se Division of Co	porations		MAILING A Registration S Division of C	Section orporations
	Clifton Buildin 2661 Executive Tallahassee, FL	Center Circle		P.O. Box 632 Tallahassee. F	
Enclos	ed is a check for	the following amount:			
, € (\$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION FOR AUTHORIZA

	Logistics, Inc.	SINESS IN THE STATE OF FLORIDA. SEGNETARY OF STATE TALLAHASSEE, FL
(Enter name of c	orporation; must include "INCORPORATED," "(orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
2	3.	
10/24/2007		(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
8. Name and stree	at address of Florida registered agent: (P.O. F	ddress, if different) Box NOT acceptable)
8. Name and <u>stree</u> Name:	_	
	at address of Florida registered agent: (P.O. F	
Name:	et address of Florida registered agent: (P.O. F Kellie Hall 2098 Seminole Blvd, #5304	Box NOT acceptable) 33778
Name:	t address of Florida registered agent: (P.O. F Kellie Hall 2098 Seminole Blvd, #5304	Box NOT acceptable) 33778

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: _____ Fred D. Plotsky Director: 9114 58th Place Address: _ Kenosha WI 53144 Director: Address: _ **B. OFFICERS** Fred D. Plotsky President: 9114 58th Place Address: _ Kenosha W1 53144 Vice President: Address: Fred D. Plotsky Secretary: _ 9114 58th Place Address: Kenosha WI 53144 Treasurer: ___ Address: NOTE: If necessary, you may attach an addendary 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.

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

DOM 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come. Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

COOL RUNNINGS LOGISTICS, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is October 24, 2007.

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 August 17, 2018.

MARY ANN McCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

BY: Jack S. King