

F19000000300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

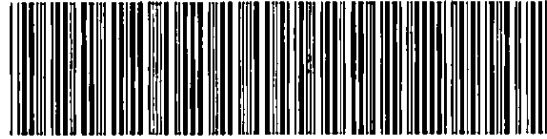
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/16/19--01007--006 **87.50

19 JAN 16 PM 11:29
RECEIVED

FILED
19 JAN 16 PM 6:09
TALLAHASSEE, FLORIDA

K SALLY
JAN 17 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/16/2019

****WALK IN****

ENTITY NAME KILN TECHNOLOGY INC.

DOCUMENT NUMBER _____

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

_____	<i>Plain Copy</i>	BOTH PLEASE.
<u>XXXXX</u>	<u>Certified Copy</u>	
<u>XXXXX</u>	<u>Certificate of Status</u>	

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

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certificate of Good Standing</i>
_____	_____

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$87.50

CHECK # 5679

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KILN TECHNOLOGY, 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:

Jennifer Nitschke

Name of Person

KILN TECHNOLOGY, INC.

Firm/Company

6737 W. WASHINGTON STREET, STE 1120

Address

MILWAUKEE, WI 53214

City/State and Zip code

jnitschke@kilntechinc.com

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

For further information concerning this matter, please call:

URS Agents ATTN Kanetha Bishop

800

567-4397

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:

- ☐ \$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. KILN TECHNOLOGY, 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. 35-2638589
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/23/2018 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)
7. 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214
(Principal office address)

(Current mailing address, if different)

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

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE, Florida 32312
(City) (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.

K.B.

Kanetha Bishop, 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.

FILED
19 JAN 16 PM 6:09
KILN TECHNOLOGY, INC.

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

A. DIRECTORS

Chairman: JOHN J. VITAS

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

Vice Chairman: DALE C. NAGEL

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

Director: JUSTIN BREADY

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

Director: MICHAEL H. SCHWEINERT

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

B. OFFICERS

President: JOHN J. VITAS

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

Vice President: DALE C. NAGEL

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

Secretary: JOHN J. VITAS

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

Treasurer: JOHN J. VITAS

Address: 6737 W. WASHINGTON STREET, STE 1120 MILWAUKEE, WI 53214

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. DALE NAGEL - VICE PRES. DENT
(Typed or printed name and capacity of person signing application)

FILED
19 JAN 16 PM 6:09
MILWAUKEE

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

KILN TECHNOLOGY, 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 August 23, 2018.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

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19 JAN 16 PM 6:09
STATE OF WISCONSIN
DIVISION OF CORPORATE & CONSUMER SERVICES

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 06, 2018.

A handwritten signature in black ink that reads '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: **233183-740FEA9D**