

F19000001397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 MAR 11 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRUCE  
MAR 25 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRUCTURAL COMPONENTS CORPORATION  
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:

DENNIS RABE

\_\_\_\_\_  
Name of Person

STRUCTURAL COMPONENTS CORPORATION

\_\_\_\_\_  
Firm/Company

730 PACKERLAND DRIVE

\_\_\_\_\_  
Address

GREEN BAY, WI 54303

\_\_\_\_\_  
City/State and Zip code

dennis@sccsteel.com

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

For further information concerning this matter, please call:

DENNIS RABE

\_\_\_\_\_  
Name of Person

at ( 920 ) 499-5112

\_\_\_\_\_  
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

2019 MAR 11 PM 1:01  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

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.

STRUCTURAL COMPONENTS CORPORATION

1. STRUCTURAL COMPONENTS CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. WISCONSIN 3. 39-1169074  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 26, 1972 5.   
(Date of incorporation) (Date of duration, if other than perpetual)
6. MAY 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 730 PACKERLAND DRIVE, GREEN BAY, WI 54303  
(Principal office address)  
P.O. BOX 10237, GREEN BAY, WI 54307-0237  
(Current mailing address, if different)

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

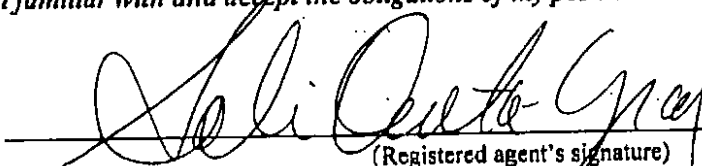
Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324  
(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.*

  
(Registered agent's signature)

DALVINA ARMENTA GRAY  
REGISTERED AGENT SECRETARY

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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: CRAIG DUFEK

Address: 2073 MUIRWOOD LANE

GREEN BAY, WI 54313

Director: ROGER T. HOLZ

Address: 3625 POINT LANE

GREEN BAY, WI 54311

**B. OFFICERS**

President: CRAIG DUFEK

Address: 2073 MUIRWOOD LANE

GREEN BAY, WI 54313

Vice President: ROGER T. HOLZ

Address: 3625 POINT LANE

GREEN BAY, WI 54311

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: DENNIS RABE

Address: 4508 N. STONEBRIDGE CT., APPLETON, WI 54913

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

12. Dennis Rabe  
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. DENNIS RABE, TREASURER  
(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

**STRUCTURAL COMPONENTS CORPORATION**

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is July 26, 1972.

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 March 5, 2019.

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

BY:

A handwritten signature in black ink, appearing to be 'John Adams'.