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(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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04/01/19--01030--020 *∗87.50



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MILEY &	ation - must include suffix	NC.			
Name of corpora	ation - must include suffix	-			
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are sub				
Please return all correspondence concerning this m	atter to the following:				
John MUEY					
Nam	e of Person				
MILEY & MILEY Firm	INC.				
Firm	Company				
1196 SEMIN	ICLE CIR				
City/Sta HAVE City/Sta HAVE City/Sta And	N. FL. 33	5471			
City/St:	ate and Zip code				
It miley Or	of mail. com				
E-mail address: (to be u	sed for future annual report n	otification)			
For further information concerning this matter, ple	ase call:				
Name of Person at (23)	9,896-51	96			
Name of Person Area	Code Daytime Telepl	none Number			
STREET/COURIER ADDRESS: Registration Section	MAILING Al Registration Se				
Division of Corporations Division of Corporations					
Clifton Building	P.O. Box 6327 Tallahassee, FL 32314				
2661 Executive Center Circle Tallahassee, FL 32301	i alianassee. F	L 32314			
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\text{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. MILEY & MILEY, 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. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Dec 30, 1887

(Date of incorporation)

5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1196 SEMINOLE CIR. MOORE HAVEN FL 33471
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: John Miley

Address: 1196 SEMINIE LIR

MOCRE HAVEN .Florida 3347/

(City) (Zip code) Office Address: 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

(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

duties, and I am familiar with and accept the obligations of my position as registered agent.

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:

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Chairman:	JOHN MILEY-		
Address: _	1196 SEMINOLE CIR. MOORE HAVEN, FL 33471		
Vice Chairn	nan: Thomas F. MILEY		
Address: _	1366 MINNEHMAN AV		
	ST. PAUL, MN 55/05		
Director: _			
Address: _	JOHN MILEY 1196 SEMINOLE CIR. MOORE HAVEN, FL 33471		
Director: _	THOMAS F. MILEY		
Address: _	1366 MINNEHAHA AV.		
	ST. PAUL MN. 55/05		
B. OFFIC		2019	50. 10 15
President:	JOHN MILEY 1196 SEMINOLE CIR.	三 <u></u>	
Address:	MOORE HAVEN, FL 33471	<u>. </u>	
_		15 1.5	
Vice Presid	ent: THOWAS F. MILEY		·
	1366 MINNEHAHA AV.		
_	ST. PAUL, MN 55/05		
Secretary:	AMY LYN BAGRIPO		
Address:	1196 SEMINOLE CIR. MOORE HAVEN	FL	3347/
Treasurer:	JAN MILEY		
	JOHN MILEY 1196 SEMINOLE CIR.		
NOTE: If	necessary, you may attach, an addendum to the application listing additional officers and/o		
12	Signature of Director or Officer		
TL 617	Signature of Director or Officer	fasta atut	ad bassis
	r or director signing this document (and who is listed in number 11 above) affirms that the distance of the document to the Department	ideta atut	CG HCICIII
a third deg	ree felony as provided for in s.817.155, F.S.		
13	John T. MILEY PRESIDENT		, 201
	(Typed or printed name and capacity 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

MILEY & MILEY, 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 30, 1987.

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 22, 2019.

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: 24071

240712-81332E5D