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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2019

TRACY ENGBLOOM 8418 EXCELSIOR DRIVE MADISON, WI 53717

SUBJECT: WISCONSIN MILK MARKETING BOARD, INC.

Ref. Number: W19000364220

We have received your document for WISCONSIN MILK MARKETING BOARD, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 619A00014199

RECEIVED

AUG 2 7 2019

#### **COVER LETTER**

	TO:	Registration Section Division of Corporations
Name of Corporation – must include suffix  Dear Sir or Madam:  The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.  Please return all correspondence concerning this matter to the following:  Tracy Engbloom  Name of Person  Wisconsin Milk Marketing Board, Inc.  Firm/Company  8418 Excelsior Drive  Address  Madison, WI 53717  City/State and Zip Code  tengbloom@wisconsindairy.org  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please cail:  Tracy Engbloom  Name of Person  At (608  Area Code  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  S70.00 Filing Fee  S70.00 Filing Fee  S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee	SURI	FCT: Wisconsin Milk Marketing Board, Inc.
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City/State and Zip Code  tengbloom@wisconsindairy.org  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Tracy Engbloom  Name of Person  Area Code  Name of Person  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  S70.00 Filing Fee  S75.75 Filing Fee & S75.75 Filing Fee		Address
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Tracy Engbloom  Name of Person  Area Code  Name of Person  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  S70.00 Filing Fee  S36-8820  Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  S70.00 Filing Fee  S78.75 Filing Fee  S87.50 Filing Fee		E-mail address: (to be used for future annual report notification)
Name of Person  Area Code  Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee  \$1 (a)  Area Code Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	For fur	ther information concerning this matter, please call:
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Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee \$\Bigcup \text{\$\sum_\$87.50 Filing Fee & B\$78.75 Filing Fee & B\$7.50 Filing Fee }		Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
Certificate of Status Certified Copy Certificate of Status Certified Copy	Please n	Dake check payable to: FLORIDA DEPARTMENT OF STATE  D.00 Filing Fee Status Certificate of Status  Certificate of Status

### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Wisconsin M	lilk Marketing Board, Inc				
Name of corportion language in the name at p	oration: must include the lage as will clearly indica present. "Company" or "6	word "INCORPORATE that it is a corporation Co." may not be used as	ED" or "CORPORATION" or words or abbreval instead of a natural person or partnership if a corporate suffix by a nonprofit corporation.	riations of like not so contained )	d
(If name unav	ailable in Florida, enter a	ilternate corporate name	adopted for the purpose of transacting busine	ss in Florida)	
Wisconsin			30.1455000		
(State or cou	intry under the law of wh	ich it is incorporated)	39-1455990 (FEI number, if applicable)		
une 27 1983	and y ander the raw of will	ien it is meorporated)	(FE) humber, it applicable)		
(1	Date of Incorporation)	5.	(Date of duration, if other than per		
····			sections 617.1501 & 617.1502, F.S. to determin		
Date first cond	lucted affairs in Florida if	prior to registration. See s	sections 617.1501 & 617.1502, F.S. to determin	e penalty liabili	(y.)
418 Excelsio	r Drive, Madison, WI 53	717 (Principal offic			
<del></del>		(Principal offic	e street address)	<del></del>	
		, ,			
		(Current mailing a	iddress, if different)		
				7.	25
Commodity pr	romotional board.				-1
urpose(s) of	corporation authorized in	home state or country t	o be carried out in the state of Florida)	<u>:</u>	7
		- · · · · ·			Ē
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		- 10 m	_		
					-
Name:	Corporation Service Co	mpany		• •	_
Name: Corporation Service Company  fice Address: 1201 Hays Street  Tallahassee , Florida 32301  (City) (Zip Code)					
	Tallahassee	<del></del>	51 32301	6.	Ü
	(City	<del></del>	_, Florida		
	(0.00)	,	(E.p Gode)		
Registered	agent's acceptance:				
ying been na gnated in th	med as registered age is application. I hereb	W Accept the appoint	ce of process for the above stated corpor nent as registered agent and agree to act elative to the proper and complete perfor sition as registered agent.	in this agrees	
	$\Gamma$				
		1,	Deb Reeves Assistant Vice President		
	dut-	Mun	Assistant Vice President		

11. 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.

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	RS				
<b>■</b> Chairman	Name:	□Chairman	Name: Dean Strauss		
□ Vice Chairman Address: N7577 Regina Road Wittenberg. \\  Wittenberg WI 51100		■Vice Chairman	Address: W2999 Cty Rd O		
□Director Wittenberg, WI 54499		□Director	Sheboygan Falls, WI 53085		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	Other:	Other:	Other:		
	Name: Dave Bangart  Address: N7155 Cardinal Avenue	□Chairman	Name: Jay Stauffacher  Address: 16323 Meylor Ln		
□Vice Chairman	Greenwood, WI 54437	□Vice Chairman	Darlington, WI 53530		
Director		□Director _			
□President		□President			
□Vice President		□Vice President			
<b>■</b> Secretary	□Treasurer	□Secretary	■Treasurer		
Other:	Other:	Other:	Other:		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 8418 Excelsior Drive	□Vice Chairman	Address: 8418 Excelsior Drive		
□Director	Madison, WI 53717	□Director	Madison, WI 53717		
□President		□President			
□Vice President		<b>■</b> Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer ( )		
■Other: CEO	□ Other:	Other:			
13. PR	t Notice: Use an attachment to report more than viduals may be added to the index when filing you will be supported by the control of the con	officer listed in number	12 of the application)		
	(Typed or printed name and capacity of	nerson signing applicat	ion)		

#### 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

#### WISCONSIN MILK MARKETING BOARD, 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 June 27, 1983.

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 i has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 20, 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: 2.17266 ES7RSS81