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## **COVER LETTER**

TO: Registration Section Division of Corporations			
P <sup>1</sup> 1			
SUBJECT: Pisher Barton Inc.  Name	of corporation -	must include suffix	
Dear Sir or Madam:	•		
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Stand	ing" and check are submitted to	
Please return all correspondence concerni	ing this matter t	o the following:	
Cathy Sadler			
	Name of Pe	erson	
Fisher Barton Inc.			
	Firm/Comp	any	
700 S. Water Street			
	Addres	S	
Watertown, WI 53094			202
City/State and Zip code			
csadler@fisherbartongroup.com			2021 F :: : 1
E-mail address	s: (to be used fo	r future annual report notificati	on) ====================================
For further information concerning this matter, please call:			
		. w	
Cathy Sadler	at ( 920	) 390-4754	5 
Name of Person	Area Code	Daytime Telephone Nu	mber
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI  \$70.00 Filing Fee	EPARTMENT Œ g Fee & □	\$78.75 Filing Fee & S8 Certified Copy Ce	7.50 Filing Fee, ertificate of Status & ertified 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.

	able in Florida, enter alternate corporate name		ness in Florida)	
Wisconsin	3	3		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
05/24/2005	5	5. Prepetual		
(Date	Date of incorporation) (Date of duration, if other than perpetual			
1/1/2020				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
700 S Water Stree	et Watertown, WI 53094			
<u> </u>	(Principal of	ffice street address)	·	
	(Current mail	ing address, if different)		
			20	
Name and stree	et address of Florida registered agent: (P	O. Box <u>NOT</u> acceptable)	120 F	
Name:	CT Corporation		J	
ivaine,	1200 S Pine Island Rd #250	<del></del>	1	
fice Address:	1200 5 Fine Island Rd #250		סר	
Planta	Plantation	, Florida		
	(City)	(Zip code)		
			5	

<sup>10.</sup> 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.

A. DIRECTORS							
<b>■</b> Chairman	Name: David Wilkey	□Chairman	Name: Robert J	Name: Robert Johannes			
□Vice Chairman	Address:	□Vice Chairman	Elm Grove, WI 53122				
□Director	Watertown, WI 53094	■Director					
□President		□President					
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□Other	<del></del>	Other			
	Name:						
□ Chairman	700 S Water Street	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Watertown, WI 53094	□Director	<u> </u>	<del></del>			
□President		□President		<del></del>			
□Vice President		□Vice President					
□ Secretary	□Treasurer	□ Secretary		□Treasure:			
□Other	Other	□Other	<del></del>	□Other <u>□</u>			
				14			
□Chairman	Name: John Splude	☐ Chairman	Name:				
□ Vice Chairman	Address: 6320 Parkway Road	□Vice Chairman	Address:	<u> </u>			
Director	Greendale, WI 53129	□Director		<i></i>			
□President		□President		. <u>-</u>			
□Vice President		□ Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12							
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(6/	(Typed or ponted name and capacity of person	F, N one	<b>_Q</b>				

### 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, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### FISHER-BARTON 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 May 24, 2005.

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.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official scal of the Department on December 17, 2019.

Of Wiscost du

PATTI EPSTEIN, 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:

256688-9570FB05