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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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1	Addrace				

## FOREIGN PROFIT/NONPROFIT CORPORATION LEISURE SYSTEMS, INC.

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Electronic Filing Menu

Corporate Filing Menu

T. LEYEUX

APPLICATION BY FOREIGN	CORPORATION FOR AUTHORIZATION TO TRA	NSACT
	RUSINESS IN FLORIDA	

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Copp," "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida  Wisconsin  3.39-1125678  (State or country under the law of which it is incorporated)  July 2. 1985  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  502 Techne Center Drive, Nuite D  (Principal office address)  Milford, OH 45150  (Current mailing address, if different)  5. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CT Corporation System  Name:  Plantation.  CT Corporation System the appointment as registered agent and after a to act in the Education of the provisions of all statutes relative to the proper and comiffer performance of any duties, and 1 am familiar with and accept the obligations of my position as registered agent:  CT Corporation System	Inc.	COMPANY " "CORPORATION"
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  502 Techne Center Drive, Suite D  (Principal office address)  (Current mailing address, if different)  (Current mailing address, if different)  Name:  (CT Corporation System  Name:  1200 South Pine Island Road  (City)  (	poration; must include "INCORPORATED; Cp," "Inc," "Co," or "Corp.")	LOWEANT, CORPORATION,
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Current mailing address, if different)  (Current mailing address, if di		
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Upon Qualification  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  502 Techne Center Drive, Suite D  (Principal office address)  Milford, OH 45150  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  Name:  1200 South Pine Island Road  Office Address:  Plantation.  (City)  (City)  (City)  (Cip code)  Plantation, I hereby accept the appointment as registered agent and agree to act in this capacitative ragree to comply with the provisions of all statutes relative to the proper and complete performance of my flatties, and I am fumiliar with and accept the obligations of my position as registered agent.	5.	
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CT Corporation System    1200 South Pine Island Road		
Name:    1200 South Pine Island Road		Box NOT acceptable)
Plantation.  (City)  (City)  (Zip code)  (	C T Corporation System	<del></del>
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Kimberly Laughrey, Assistant Secretary	application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of i	native to the proper and complete performance of my my position as registered agent.
designated in this further uscee to ci		reporation; must include "INCORPORATED," "Copp." "Inc," "Co," or "Corp.")  ole in Florida, enter alternate corporate name ado  3.  3.  3.  3.  4.  3.  4.  4.  5.  6. incorporation)  on  (Date first transacted business in Florida for Section Secti

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.

To: Page 4 of 5

11. Name	es and business addresses of officers and/or directors:					
A. DIRE						
Chairman:	Brenda Walker					
•	502 Techne Center Drive, Suite D					
	Milford, OH 45150					
Vice Chair	Ronald Walker					
	502 Techne Center Drive, Suite D					
	Milford. OH 45150					
Director						
Address:						
<b>13</b> .						
Address:						
B. OFF	ICERS Robert Schutter					
Address	502 Techne Center Drive, Suite D					
, tudios.	Milford, OH 45150					
Vice Pres	ident:					
Address:						
Sacratary	Ronald Walker					
Address:	502 Techne Center Drive, Suite D. Milford, OH 45150					
	Brent McClellan					
	502 Techne Center Drive, Suite D, Milford, OH 45150					
	If necessary you may attach an addendum to the application listing additional officers and/or directors.					
12.	South Although the second seco					
****	Signature of Director or Officer eer 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 legree felony as provided for in s.817.155, F.S.					
13Rol	port Schutter, President					
	(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, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

## LEISURE SYSTEMS, 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 July 02, 1985.

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 April 06, 2020.

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:

263804-1BF3207B