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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of	Status			
Special Instructions to Filing Officer:				





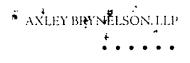
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GREGORY C. COLLINS gcollins@axley.com 608.283.6749

October 26, 2020

FEDERAL EXPRESS

Florida Department of State Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: KWAY Leasing, Inc.

Our File: 506.84028

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for KWAY Leasing, Inc. Also enclosed is a Certificate of Status and our check in the amount \$70.00 for the filing fee. A self-addressed stamped envelope is provided for your convenience.

Sincerely,

AXLEY BRYNELSON, LLP

(

GCC:mah

Enclosures

COVER LETTER

	tration Section ion of Corporations			
SURIFCT	KWAY Leasing, Inc.			
SOBJECT.	Name of	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Cor f Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	ing" and check are submitted	
Please return	all correspondence concernin	g this matter t	o the following:	: 29
Jon R. Parker				. 200
		Name of P	erson	2920 OCT 27
CSM Compani	ies, Inc.			27
·	·	Firm/Comp	pany	: :
5100 Eastpark	Blvd. Suite 210			<u>.</u>
		Addres	SS S	3
Madison, WI	53718			•
		City/State an	d Zip code	
jon.parker@cs				
	E-mail address:	(to be used for	or future annual report notific	cation)
For further in	formation concerning this ma	uter, please ca	H:	
Gregory C. Co	ollins	608 at (283-6749	
Nam	e of Person	Area Code	Daytime Telephone	Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	: :	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations
	check for the following amounted payable to: FLORIDA DE ing Fee	PARTMENT (Fee & -		\$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.

(If name (mavails	ble in Florida, enter alternate composite name	adopted for the purpose of transacting business in Florida)
Wisconsin	·	, , , ,
2.	3. y under the law of which it is incorporated)	(FEI number, if applicable)
August 15, 1978	•	
(Date	of incorporation)	(Date of duration, if other than perpetual)
5		7 2
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502. F.S., to determine penalty liability)
BIOO Eastpark Bl	vd., Suite 210, Madison, WI 53718	fice street address)
	(i i i i i i i i i i i i i i i i i i i	<u></u>
	(Current maili	ng address. if different)
		35
3. Name and stree	a address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Robert A. Sorrentino	
Office Address:	367 Colony Drive	
	Naples	, Florida 34108
	(City)	(Zip code)

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.

A. DIRECTORS					
Chairman	Name: James Moeller	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Suite 210	Director	Suite 210		
President	Madison, WI 53718	□President	Madison, WI 53718		
		□Vice President			
☐ Secretary	□Treasurer	□ Secretary	□ Treasurer		
□Other	Other	□Other	Other		
■ Director	Name:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Suite 210 Madison, WI 53718		
Secretary	□Treasurcr	☐ Secretary	■Treasurer ==		
Other		Other			
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President	Name:	□Chairman □Vice Chairman □Director □President	Name:Address:		
□ 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. 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					
site is aware that this embormation submitted in a document to the Bepariment of State Colonials of this edge of the property					

(Typed or printed name and capacity of person signing application)

Jon R. Parker

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

KWAY LEASING, 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 August 15, 1978.

I further certify that said corporation or limited liability company has not, 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., but 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 October 26, 2020.

1 atta GBOOLE

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/