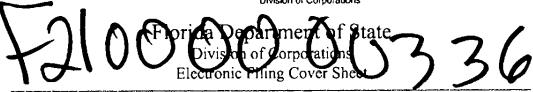
1/13/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000017525 3)))



H210000175253ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

JAN 15 PM 12: 01

FOREIGN PROFIT/NONPROFIT CORPORATION Michels Pipeline, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Please keep file date 1/13/2021

Electronic Filing Menu

Corporate Filing Menu

Help

22/1/2

Te: 18506176383

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.

1. Michels Pipelin				
	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp.")	Э,"	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate nam	ic a	dopted for the purpose of transacting busine	ss in Florida)
o Delaware	:	3.	85-2783072	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable))
4. 07/30/2020		5.	Perpetual	
(Date of incorporation)			(Date of duration, if other than perpetual)	
6. Upon Qualificat	tion			
<u> </u>	(Date first transacted business		Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607	7.13	502, F.S., to determine penalty liability)	
7,817 Main Street,	Brownsville, WI 53006			
	(Princ	cip	al office address)	2000
PO Box 128, Bro	ownsville, WI 53006			
	(Current mai	ilin	ig address, if different)	•
				ົ້ນ
8. Name and street	et address of Florida registered agent: (F	P.C). Box NOT acceptable)	77
Name:	C T Corporation System			લ્ફ
Office Address:	1200 South Pine Island Road			rys C
Office i Marcas.				
	Plantation		, Florida <u>33324</u>	
	(City)		(Zip code)	

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

C T Corporation System		_	Alfred Younan		
Ву:	alfil efor		Assistant Secretary		
		(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 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.

2021-01-15 09:12:18 CST 12122023573

1.	Names and	business	addresses	of officers	and/or	directors:
----	-----------	----------	-----------	-------------	--------	------------

A. DIRE	CCTORS				
Chairman					
Address:					
Vice Chai	rman:				
Address:					
-					
Director:	Patrick D. Michels				
Address:	817 Main Street Brownsville, WI 53006				
Director:					
Address:					
B. OFFI	CERS				
President:	John Schroeder				
Address:	817 Main Street Brownsville, WI 53006				
		-			
Vice Presi	dent:				
		ప			
Secretary:	David Stegeman	.; .;			
	817 Main Street Brownsville, WI 53006				
Address:					
NOTE:	If necessary, you may attach an addendum to the application listing additional officers	and/or directors.			
12	John Schroeder, President Signature of Director or Officer				
The office	John Schroeder, President Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms the	at the facts stated herein			
are true a	and that he or she is aware that false information submitted in a document to the Depar	ament of State constitutes			
	egree felony as provided for in s.817.155, F.S.				
13	John Schroeder, President (Typed or printed name and capacity of person signing application)				
	(Typed or printed name and capacity of person signing application)				



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MICHELS PIPELINE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

20 TO \$1.936

3352505 8300

SR# 20210098892

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202277507

Date: 01-13-21