# F21000003062

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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JUN -8 2021 M. SOLOMON

# **COVER LETTER**

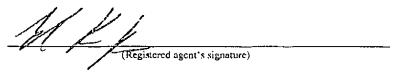
	stration Section ion of Corporations					
SUBJECT:	Matthiesen, Wickert & Leb	rer. Corp.				
Name of corporation - must include suffix						
Dear Sir or M	ladam:					
"Certificate o		ite of Good Standin	thorization to Transact Busine g" and check are submitted to n Florida.			
Please return	all correspondence concer	rning this matter to	the following:			
Meghan Henth	nome					
		Name of Per	son	<del></del>		
Matthiesen, W	ickert & Lehrer, Corp.					
	·	Firm/Compar	ıy	7.7.		
1111 E. Sumn	er Street, P.O. Box 270670			27 A		
Hartford, WI 5	53027	Address		18 - 8 18 - 8		
mhenthorne@	mwl-law.com	City/State and	Zip code	7 3 3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
	E-mail addre	ess: (to be used for	future annual report notification	on) 2011 <b>2</b>		
For further in	formation concerning this	matter, please call:	:			
Nam	ne of Person	Area Code	Daytime Telephone Nur	nber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
		DEPARTMENT OF String 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.

1. Matthiesen, W	Matthiesen, Wickert & Leitrer, S.C.					
	corporation; must include "INCORPORAT Corp." "Inc," "Co," or "Curp.")	ED,	" "COMPANY," "CORPORATION,"			
Matthiesen.	Wickert & Lehrer, S.C. Corp.					
(If name unava	lable in Florida, enter alternate corporate na	ınıc	adopted for the purpose of transacting business in Florida)			
2. Wisconsin		3.	39-1686793			
(State or coun	ntry under the law of which it is incorporated)		(FEI number, if applicable)			
December 20,	1990	5.				
(Date of incorporation)		٠.	(Date of duration, if other than perpetual)			
5. October 5, 202	(Date first transacted busine		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7. 1111 E. Sumner	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Hartford, WI 53027	ofI				
7. [111] E. Sumner	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Hartford, WI 53027 (Principal Street, P.O. Box 270670, Hartford, WI 530	ofT 27	502, F.S., to determine penalty liability)			
7. HIII E. Sumner	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Hartford, WI 53027 (Principal Street, P.O. Box 270670, Hartford, WI 530	offi 27 ailir	502, F.S., to determine penalty liability) ice street address) ing address, if different)			
7. HIII E. Sumner	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Hartford, WI 53027 (Principal Street, P.O. Box 270670, Hartford, WI 530 (Current ma	offi 27 ailir	502, F.S., to determine penalty liability) ice street address) ing address, if different)			
7. HITE Sumner HITE Sumner Research Sumner Research Sumner	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Hartford, WI 53027 (Principal Street, P.O. Box 270670, Hartford, WI 530 (Current mi	offi 27 ailir	502, F.S., to determine penalty liability) ice street address) ing address, if different)			
7. HITE. Sumner HITE. Sumner	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 Street, Hartford, WI 53027  (Principal Street, P.O. Box 270670, Hartford, WI 530  (Current mi et address of Florida registered agent: ( Elizabeth Hernandez  1301 Riverplace Houlevard, Ste 2140	offi 27 ailir	502, F.S., to determine penalty liability) ice street address) ing address, if different)			

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.



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.

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

A. DIRECTORS				
□Chairman	Name: Gary L. Wickert	□Chairman	Name: Bradley M. Matthiesen	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	PO Box 270670	□Director	PO Box 270670	
■ President	Hartford, WI 53027		Hartford, WI 53027	
□Vice President		■Vice President		
Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name: Ryan L. Woody	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	PO Box 270670	□Director	PO Box 270670	
□President	Hartford, WI 53027	□President	Hartford, WI 53027	
□ Vice President		□ Vice President		
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer → □ □ Other □ Othe	
□Other		Other Sharehold	der □Other □ □Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
			i an	
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: $\underline{\underline{\omega}}$	
□Director		□Director		
□President		□President	·	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
Important Notice: individuals may b	Use an attachment to report more than six (6). The attace and the index when filing your Florida Department of Director of Signature of Director of	nt of State Annual R	ed for reporting purposes only. Non-indexed eport form.	
The officer or dire she is aware that f	ector signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above) affirms the ment of State constitu	nat the facts stated herein are true and that he or utes a third degree felony as provided for in	

# 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

### MATTHIESEN, WICKERT & LEHRER, S.C.

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 December 28, 1990.

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 May 14, 2021.

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: 298000-41756223

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2021

MEGHAN HENTHORNE MATTHIESEN, WICKERT & LEHRER, S.C. 1111 E. SUMNER STREET, P.O. BOX 270670 HARTFORD, WI 53027

SUBJECT: MATTHIESEN, WICKERT & LEHRER, S.C.

Ref. Number: W21000060953

We have received your document for MATTHIESEN, WICKERT & LEHRER, S.C. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator 021 JUN -8 AM 9: 26

Letter Number: 021A00009281