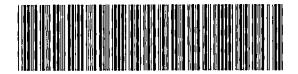
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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Вс	usiness Entity Nar	me)			
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Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

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.08 207

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 847246 7934493

AUTHORIZATION

COST LIMIT (:\ \$.70.00

ORDER DATE: June 7, 2021

ORDER TIME : 9:13 AM

ORDER NO. : 847246-005

CUSTOMER NO: 7934493

FOREIGN FILINGS

NAME: SC DATA CENTER, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SC Data Center, Inc.		
	of corporation	n - 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 Star	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.
Please return all correspondence concerni	ng this matte	r to the following:
Kris Lindholm		
	Name of	Person
SC Data Center, Inc.		
	Firm/Con	npany
1112 7th Avenue		
	Addr	ess
Monroe, W1 5366		
	City/State a	nd Zip code
Kris.Gallagher@sccompanies.com		
E-mail address	: (to be used i	for future annual report notification)
For further information concerning this m	atter, please o	call:
Kris Lindholm	at (299-2524
Name of Person	Area Cod	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	5 :	MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amo Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate o	PARTMENT Fee & [OF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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 unay	railable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	husiness in Flo	rida)		
Wisconsin	30 1104106					
(State or cou	3. 39-1104196 (FEI number, if applicable)					
4 02/11/1969	5	· ·				
	(Date of incorporation) 5. (Date of duration, if other than perpetual)					
6. 07/01/2021						
 		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
7 1112 7th Aver	nue, Monroe, Wisconsin 53566	. , .				
/·	(Principal of	ffice street address)				
	(Current mail	ing address, if different)				
				E=		
8. Name and st	reet address of Florida registered agent: (P.	.O. Box NOT acceptable)	•	2.5 1		
	Corporation Service Company			ငာ	-	
Name:				3	, 5,	
	1201 Hays Street					
	Tullahanna	32301	2>	ĊЭ		
	Tallahassee	, Florida 32301	2 >	G: 10		
Office Address:	Tallahassee (City)	, Florida 32301 (Zip code)	2 5	0: 10		
Office Address:	Tallahassee (City) agent's acceptance:	(Zip code)	b ,	10	lace	
Office Address: 9. Registered a	Tallahassee (City) agent's acceptance: amed as registered agent and to accept serv	(Zip code) vice of process for the above stated o	orporation a to act in this	t the p	lace ity. I	
Office Address: 9. Registered a Having been no designated in the further agree to	Tallahassee (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint occupy with the provisions of all statutes	(Zip code) vice of process for the above stated of tment as registered agent and agree relative to the proper and complete	to act in this	t the pa	ity. I	
Office Address: 9. Registered a Having been no designated in the further agree to	Tallahassee (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint	(Zip code) vice of process for the above stated of tment as registered agent and agree relative to the proper and complete	to act in this	t the pa	ity. I	
Office Address: 9. Registered a Having been no designated in the further agree to	Tallahassee (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint occupy with the provisions of all statutes	(Zip code) vice of process for the above stated of tment as registered agent and agree relative to the proper and complete	to act in this	t the pa	ity. I	

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.

^{1).} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Robert L. Erb Stephen P. Cretney □ Chairman □ Chairman Address: 1112 7th Avenue 1112 7th Avenue ☐ Vice Chairman ☐ Vice Chairman Address: Monroe, WI 53566 Monroe, WI 53566 Director ■ Director □ President President □Vice President ■ Vice President ☐ Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Thomas Newell Name: Name: _R. Ryan Kubly □ Chairman □ Chairman Address: _______1112 7th Avenue 1112 7th Avenue □Vice Chairman □ Vice Chairman Address: Monroe, WI 53566 Monroe, WI 53566 Director ■ Director □ President □ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □Treasurer ☐ Secretary Asst. Treasurer ■Other ___ Other Asst. Secretary □Other _____ Other _____ Name: Raymond R. Kubly Name: Cary L. McNatt □ Chairman □ Chairman 1112 7th Avenue 1112 7th Avenue ☐ Vice Chairman Address: □Vice Chairman Address: Monroe, WI 53566 Monroe, WI 53566 ☐ Director Director □ President □ President □Vice President ☐ Vice President Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other _____ Other _____ Other _____ Important Notice: Use an atjachment 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 Horida Department of State Annual Report form. 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 s.817.155, F.S.

Robert L. Erb, President

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

SC DATA CENTER, 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 February 11, 1969.

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 June 07, 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/