F21000006523

(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				
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NOV 1 6 2021 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	223316	7934493
	AUTHORIZATION	:	4 a	
	COST LIMIT	:0) \$ 7) 01 /0 08C	ena.
	November 11, 202	1	ひし	
	·	1		
ORDER TIME :	10:29 AM			
ORDER NO. :	223316-005			
CUSTOMER NO:	7934493			
	-			
FOREIGN FILINGS				
NAME :	SC AVIATION,	INC		
	•			
XXXX QUALIFI	CATION (TYPE: <u>C</u>	<u>o</u>)		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FI	LING:
	FIED COPY			
	STAMPED COPY FICATE OF GOOD ST.	AND	ING	

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SC Aviation, Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
	f Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.			
Please return all correspondence concerning	g this matter	to the following:			
Kris Lindholm					
	Name of F	Person			
SC Aviation, Inc.					
	Firm/Com	pany			
1112 7th Avenue					
	Addre	ss			
Monroe, W1 53566					
	City/State ar	d Zip code			
Kris.Gallagher@sccompanies.com					
E-mail address:	(to be used to	or future annual report notification)			
For further information concerning this mat	tter, please ca	all:			
Kris Lindhom	608	324-8709			
Name of Person	Area Code	Daytime Telephone Number			
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			
Enclosed is a check for the following amout Please make check payable to: FLORIDA DEF \$70.00 Filing Fee	ARTMENT Fee &	OF STATE \$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 unavai	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting by	usiness in Florida)	
Wisconsin	able in Florida, effet aneritate corporate flam	39-1970760		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
02/15/1999	•			
	of incorporation) 5	. (Date of duration, if other than	nernetual)	
11/19/2021	, et most peramen,	(Date of Galation, it office that	perpendity	
1112 7th Avenue	(SEE SECTIONS 607.1301 & 607.1301 , Monroe, WI 53566	502, F.S., to determine penalty liability)		
	(Principal of	fice <u>street</u> address)		
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	(Current maili	ng address, if different)	2021 1 25 C	
Name and stre			2021 NOV	
Name and stre	et address of Florida registered agent: (P.		2021 NOV 150 201 NOV 150	
Name and <u>stre</u>			SECRETARY OF W	
Name:	et address of Florida registered agent: (P.		2021 NOV 15 AN 7	
Name:	ct address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street	O. Box NOT acceptable)	2021 NOV 15 AM 7: 28	
Name:	ct address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street		81. 7	
Name: ffice Address:	ct address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street Tallahassee	O. Box <u>NOT</u> acceptable) , Florida 32301	81. 7	
Name: fice Address:  Registered againg been nam	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: led as registered agent and to accept service	O. Box NOT acceptable) , Florida 32301 (Zip code)  vice of process for the above stated co	7: 28	
Name: fice Address:  Registered agaving been nansignated in this	ct address of Florida registered agent: (P.  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance:  red as registered agent and to accept service application, I hereby accept the appoint	O. Box NOT acceptable) , Florida 32301 (Zip code)  sice of process for the above stated coment as registered agent and agree to	orporation at the place of act in this capacity.	
Name: ffice Address:  Registered agaving been nansignated in this	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: led as registered agent and to accept service	O. Box NOT acceptable) , Florida 32301 (Zip code)  rice of process for the above stated coment as registered agent and agree to relative to the proper and complete po	orporation at the place of act in this capacity.	
Name: ffice Address:  Registered agaving been nansignated in this rther agree to call am familian	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance:  red as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my provisions	O. Box NOT acceptable) , Florida \(\frac{32301}{\text{Zip code}}\)  rice of process for the above stated coment as registered agent and agree to relative to the proper and complete prosition as registered agent.	orporation at the place of act in this capacity.	
Name:  ffice Address:  Registered ag aving been nam esignated in this orther agree to co	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance:  red as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my provisions	O. Box NOT acceptable) , Florida 32301 (Zip code)  rice of process for the above stated coment as registered agent and agree to relative to the proper and complete po	orporation at the place of act in this capacity.	

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

under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name: R. Ryan Kubly Name: 1112 7th Avenue Address: Monroe, WI 53566			
□Vice Chairman	Address:	□Vice Chairman				
Director	Monroe, WI 53566	Director				
President		□President				
□Vice President		☐ Vice President				
□ Secretary	☐ Freasurer	<b>≅</b> Secretary	□Treasurer			
Other	Other	Other	□Other			
□Chairman □Vice Chairman	Name: Timothy W. Wolff Name: 1112 7th Avenue	□Chairman □Vice Chairman	Thomas Newell Name:  1112 7th Avenue Address:			
Director	Monroe, WI 53566	Director	Monroe, WI 53566			
□President		□President				
■Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other	Other	□Other	Other			
Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		☐ President				
□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 s.817.155, F.S.						
13. 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 AVIATION, 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 15, 1999.

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 November 12, 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: 21 (979 EDDCDESD