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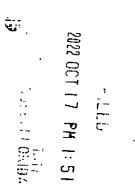
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

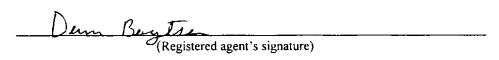
~	ration Secon of Cor							
SUBJECT:	Dane (County Fence and Deck C	ompany, I	nc.				
SUBJECT.		Name of corpor	ation - mu	st include suffix				
Dear Sir or Ma	adam:							
"Certificate of	Existence	on by Foreign Corporation "or "Certificate of Good corporation to transact b	Standing'	and check are sub				
Please return a	II corresp	ondence concerning this n	natter to th	e following:				
		Attorney I	Derek B.N.	Seyller	•			
		Nan	ne of Perso	n				
		HARDYM	IAN DIV	ERDE				
		Firm	/Company					
		124 N. W	ater Street,	Suite 100				
			Address					
		Rockfo	ord, Illinoi	s 61107				
-		City/S	tate and Zi	p code				
		dseyller@h	-					
		E-mail address: (to be t	ised for fu	ture annual report r	otification)			
For further inf	ormation	concerning this matter, ple	ease call:					
Derek B.N.	Seyller	at (B15)	964-8888				
Name	of Perso		Code	Daytime Telep	hone 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				
	eck payabl	the following amount: te to: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & tified Copy	☐ \$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.

i.	Dane County Fo	ence and Deck Company, Inc.						
		orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY,	" "CORPORAT	ion,"			
	Fence World of	f SW Florida						
	(If name unavaila	able in Florida, enter alternate corporate name ado	oted for the p	ourpose of transa	cting b	usiness	in Flo	rida)
2.	Wisconsin	Wisconsin 3		47-5673996				
٠.	(State or country	y under the law of which it is incorporated)	47-5673996 (FEI number, if applicable)					
4.	11/20/2015							
	(Date	of incorporation)	(Date	of duration, if oth	er tha	n perpe	tual)	
6.		N/A		-				
7.	-	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, 13523 Bryn	F.S., to dete		bility)			
		(Principal office <u>s</u>	treet addres	s)				
		Fort Myers, F	lorida 33912	!				
		(Current mailing ac	ldress, if diff	erent)	ক্তি	•	2622	
8.	Name and stree	t address of Florida registered agent: (P.O. B	ox <u>NOT</u> ac	cceptable)		. •	30	
	Name:	Dawn Bengtson				<u>.</u>	2622 OCT 17 PM	riikb
O	ffice Address:	13523 Brynwood Lane				-ह -हा		<u> </u>
		Fort Myers	_ , Florida	33912		FR OKUS	ე —	
		(City)	<u> </u>	(Zip code)		2	2	
H	aving been nam	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment				-		_

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.

A. DIRECTORS ☐ Chairman Name: ______ Name: _____ □ Chairman ☐ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director Dawn Bengtson ☐ President President Dawn Bengtson ☐ Vice President □ Treasurer □ Secretary Treasurer : ☐ Secretary □Other _____ □ Other _____ □Other _____ ☐Other _____ Name: _____ □ Chairman Name: □Chairman ☐ Vice Chairman Addence: □Vice Chairman Address: ______ □ Director □ Director □ President □ President ☐ Vice President ☐ Vice President □Treasurer ☐ Secretary Treasurer ☐ Secretary □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. 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. Dawn Bengtson, President

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

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, Jennifer Dohm, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DANE COUNTY FENCE AND DECK COMPANY, 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 November 20, 2015.

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, 181.0214 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 October 11, 2022.

JENNIFER DOHM, Deputy Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Jennifer Dohn

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/