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T. LEMIEUX

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: H-T Ente	erprises, Inc.			
		Name of corpora	ition - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existen	tion by Foreign Corporation ce." or "Certificate of Good gn corporation to transact bu	Standing`	and check are sub	ct Business in Florida," omitted to register the
Please	return all corres	pondence concerning this ma	atter to th	e following:	
Doroth	y E Ramsey				
		Name	e of Perso	on	
H-T E	nterprises, Inc.				
		Firm/	Company		
139 E	Sheboygan Street,	P O Box 909			
		A	ddress		
Campb	ellsport, WI 5301	0-0909			
		City/Sta	ite and Zi	p code	
d.rams	ey@htent.com				
		E-mail address: (to be us	ed for fu	ture annual report	notification)
For fu	rther information	concerning this matter, plea	ise call:		
Doroth	y E Ramsey	at (920	533-5080 ext 227		
	Name of Perso	on Area	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		
Please		the following amount: le to: FLORIDA DEPARTMI \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & stified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



October 8, 2020

DOROTHY E RAMSEY 139 E SHEBOYGAN ST CAMPBELLSPORT, WI 53010-0909

SUBJECT: H-T ENTERPRISES, INC.

Ref. Number: W20000115581

We have received your document for H-T ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 720A00019698

RECEIVED MAY - 9 2023

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.

H-T Enterprises			
(Enter name of o	corporation; must include "INCORPORATED," Orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
-tcenshigh	HT Fishing F	atomorine Tac	
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida)
Wisconsin	\supset	39-1530437	·····
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
June 27, 1985	5	Perpetual	
(Date	e of incorporation)	(Date of duration, if other than perpeti	ual)
September 16, 2	2013		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
139 E Sheboygai	n Street, Campbellsport, WI 53010		
	(Principal offic	e <u>street</u> address)	
P O Box 909, Ca	ampbellsport, WI 53010-0909		
	(Current mailing	address, if different)	 -
Name and stre	et address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	
Name:	Nathaniel P Grahl		
ffice Address:	145 SE 17th Terrace		202
	Cape Coral	. Florida	2023 1.00
	(City)	(Zip code)	9 4
Pagistared no	ent's acceptance:		9 :
	ent's acceptance: ned as registered agent and to accept servic	e of process for the above stated corporate	ion at the plac
esignated in this	s application, I hereby accept the appointm	ent as registered agent and agree to act in	this eapacity.
	comply with the provisions of all statutes re r with and accept the obligations of my pos		ance of my du
na i um jumillu	r wan and accept the obligations of my pos	nion as regisierea agem. I	
		//	
		l	1 K
	Maxax	hah O Haz	4 J.

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: Kenneth L Grahl	■ Chairman	Nathaniel P Grahl			
□Vice Chairman	N6260 Eleanore Lane	□Vice Chairman	Address: 145 SE 17th Terrace			
Director	Fond du Lac, WI 53010	Director	Cape Coral, FL 33990-2220			
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	■ Secretary	■ Treasurer			
■Other CEO	Other	Other CFO	Other			
□Chairman	Patrick J Walsh	□Chairman	Name:			
	417 Austin Lane	□Vice Chairman	Address: 334 Forest Street			
Director	Fond du Lac, WI 54935-5483	Director	Campbellsport, WI 53010			
□President		□President				
□Vice President		■ Vice President				
Secretary	□Treasurer	Secretary	☐ Treasurer			
Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	7974 Pioneer Road Address:	□Vice Chairman	Address:			
■Director	Cedarburg, WI 53012	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other COO	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. Kannoth 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						

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 of 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.

, Dorothy E Ramsey, Director

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:

1, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

HT ENTERPRISES, 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 June 27, 1985.

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 September 14, 2020.

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: 275851-39DBC983