# F24000005469

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer  |
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September 19, 2024

JOHN EDERER 711 21ST STREET PRAIRIE DU SAC, WI 53578 US

SUBJECT: 1984 SYSTEMS, INC. Ref. Number: W24000132181

We have received your document for 1984 SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Andrea Andrews
Regulatory Specialist II

.

Letter Number: 824A00021128

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See Complete à Application waddress

### **COVER LETTER**

| TO:  | Registration Section Division of Corporations   |                    |  |  |  |  |
|--|---|--------------------|--|--|--|--|
| SURD   | ECT: 1984 Systems, Inc.   |                    |  |  |  |  |
| ., 61,,,   |   | ne of corporation  | - must include suffix                                |  |  |  |
| Dear Si  | ir or Madam:  |                    |  |  |  |  |
| "Certifi   | closed "Application by Foreign<br>icate of Existence," or "Certific<br>referenced foreign corporation t | ate of Good Stan   | ding" and check are sub-                             |  |  |  |
| Please   | return all correspondence conce   | erning this matter | to the following:                                    |  |  |  |
| John Ec  | lerer   |                    |  |  |  |  |
|  |   | Name of            | Person   |  |  |  |
| 1984 Sy  | vstems, Inc.  |                    |  |  |  |  |
|  |   | Firm/Com           | pany   |  |  |  |
| 711 21s  | st Street   |                    |  |  |  |  |
|  |   | Addre              | 288  |  |  |  |
| Prairie (  | du Sac. W1 53578  |                    |  |  |  |  |
|  |   | City/State a       | nd Zip code  |  |  |  |
| John@a   | nmerican-data.com   |                    |  |  |  |  |
|  | tz-mait addr  | ess: (to be used f | or future annual report n                            | otification)   |  |  |
| For fur  | ther information concerning this  | s matter, please c | all:   |  |  |  |
| John Ec  | lerer   | at ( 608           | ) 6438022  |  |  |  |
|  | Name of Person  | Area Code          |  | none Number  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |   |                    | Registration So<br>Division of Co<br>P.O. Box 6327   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |  |
| Please n   | ed is a check for the following a<br>nake check payable to: FLORIDA<br>00 Filing Fee                    | DEPARTMENT         | OF STATE<br>I \$78.75 Filing Fee &<br>Certified Copy | S87.50 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.

|  | nilable in Florida, enter alternate corporate                                       |                                   |                        |                    |  |
|--|---|-----------------------------------|------------------------|--------------------|--|
| 2. Wisconsin (State or country under the law of which it is incorporate) |   | 3 <u>391-</u>                     | 391-47338              |                    |  |
|  |   | (1                                | El number, if applic   | applicable)        |  |
| 12   | - 29 - 1984   | _ 5                               |                        |                    |  |
| . 02.20 .53.   | te of incorporation)  Prairie  (Date first transacted bus  (SEE SECTIONS 607 1501 6 | (Date of d                        | uration, if other than | perpetual)         |  |
| 5. <u>02-29-1984</u>   | Prairie du  | JAU WI                            | scancin                | 53578              |  |
|  |   |                                   | registration)          |                    |  |
| 711 21st Street  | PRAIRIE DU SAC NI 53571 (Princip  | oomison, r.s., to determ          | ie penany naomity)     |                    |  |
| . 111 2131 311 001   | (Princip  | and office street address)        |                        |                    |  |
| P.O. Box 640 S   | auk City, WI 53583  | oar office <u>street</u> address) |                        |                    |  |
|  |   | mailing address, if differe       | <del></del>            |                    |  |
|  | (Curtent  | maning address, it differe        | 1()                    | <b>~</b> 3         |  |
| . Name and stre  | eet address of Florida registered agent   | . (D.O. D. NOT                    |                        | U24                |  |
|  |   |                                   | table)                 | 2024 001           |  |
| Name:  | Richard Zirbe   | <u>/</u>                          |                        | 5                  |  |
| ffina Address.   | 22510 LAURALdale  |                                   |                        |                    |  |
| THEE MODIFIES  |   |                                   |                        | 7                  |  |
| Trice Address:   |   |                                   |                        |                    |  |
| Trice Address;   | しいす <sub>と</sub> (City)   | , Florida                         | 3549                   | l <sub>t</sub> : 0 |  |

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.

(Registered agent's signature)

| A., DIRECTORS      |                   |   |   |   |   |
|--------------------|-------------------|---|---|---|---|
| □ Chairman         | Name:             |   | □Chairman   | Name:                                     |   |
| □Vice Chairman     | Address:          |   | □Vice Chairman  |   |   |
| □ Director         |                   | <del></del>   | Director  |   |   |
| <b>≅</b> President | John Ederer       |   | □President  |   |   |
| ■ Vice President   | Mark Ederer       | · · · · · · · · · · · · · · · · · · ·                                       | □Vice President                                       |   | ·   |
| Secretary          |                   | Treasurer   | ☐ Secretary   |   | □Treasurer  |
| Other Johnathan    | n Ederer          | Other Johnathan Ederer  | □Other  | <del></del>                               | □Other  |
| □ Chairman         | Name:             |   | □Chairman   | Name:                                     |   |
| □Vice Chairman     | Address:          |   | □Vice Chairman  | Address:                                  |   |
| Director           |                   |   | Director  |   |   |
| □President         |                   |   | □President  |   |   |
| □Vice President    | <del></del>       |   | □Vice President                                       |   |   |
| ☐ Secretary        |                   | □Treasurer  | □ Secretary   |   | []Treasurer   |
| □Other             | <del></del>       | Other   | Other   |   | Other   |
| □Chairman          | Name:             |   | □Chairman   | Name:                                     |   |
| □ Vice Chairman    | Address:          |   | □Vice Chairman  | Address:                                  |   |
| Director           | <del>-</del>      |   | □Director   |   | ·   |
| □President         | <del>-</del>      |   | □President  |   |   |
| □Vice President    | ·                 | <del></del>   | □Vice President                                       |   |   |
| □ Secretary        |                   | □Treasurer  | Secretary   |   | □Treasurer  |
| Other              |                   | Other   | Other   |   | □Other  |
| John Ederer        | added to the Inde |   | or Officer  | port form.                                |   |
| s.817.155, F.S.    | se information su | ocument (and who is listed in number<br>bmitted in a document to the Depart | er 11 above) affirms the timent of State constitution | at the facts stated<br>tes a third degree | herein are true and that he or<br>felony as provided for in |
| 13. John Ederer,   | President         |   |   |   |   |

#### 1984 Systems, Inc. Officers and Directors Addresses

John E. Ederer (President) 2101 Hanksfield Place Prairie du Sac, WI 53578

Mark E. Ederer (Vice-President) 8674 Nornung Road Sauk City, WI 53583

Johnathan Ederer (Secretary/Treasurer) E12026 Sunset Drive Prairie du Sac, WI 53578

#### 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. Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### 1984 SYSTEMS, 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 29, 1984.

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 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 07, 2024.

CRAIG HEILMAN, 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: https://apps.dfi.wi.gov/apps/ccs/verify/

Enter this code: 395493-08C3C9CF