F9900000000130

To: Registration Division of	Section Corporations					
SUBJECT:	ORTHO-KINETICS, INC.	<u> </u>				
SOBJECT.	(Name of corporation	on - must include suffix)				
Dear Sir or Madam:		· -				
	ication by Foreign Corporation for ence", and check are submitted to r Florida.					
Please return all corn	respondence concerning this matter	to the following:				
	DAVID A. TUCHOLKA					
<u> </u>	(Name of	Person)				
	ORTHO-KINETICS, INC.	. <u> </u>				
(Firm/Company)						
	W220 N507 SPRINGDALE ROAL	500	10030520862 - <u>11/</u> 22/9301142013			
	(Add: WAUKESHA, WI 53187	ress)	*****87.50 ****87.50			
	(City/Sta	ate/Zip)	, n -			
Should you need to o	call someone concerning this matte	r, please call:				
DAVID A. TUCHO	OLKA at (262					
(Name of P	erson) (Area	Code & Daytime Telephone	e Number)			
STREET ADDRES Registration Section Division of Corporat 409 E. Gaines St. Tallahassee, FL 323 Enclosed is a check f	ions	MAILING ADDRESS: ATTN. NEW FILING Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FILED 99 NOV 29 PM 1: 53 SECRETAGI UF CIATE TALLAHASSEE, FLORIDA			
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 18, 1999

VINCENT J. CARDELLA OKI-LARK OF AMERICA 1922 US HWY. 98 N. LAKELAND, FL 3805

SUBJECT: ORTHO-KINETICS, INCORPORATED

Ref. Number: W99000023879

We have received your document for ORTHO-KINETICS, INCORPORATED 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 899A00050025

9 NOV 29 PM I.E

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.

1ORTHO-KINETICS, INC.											
	words or abbre	viations of lik	include the word te import in langu o if not so contain	iage as w	ill clearly indic	ate that					
2.	WISCON	NSIN	w of which it is i		3	39-	1027190				·
4.	MARCH	1, 1963	· · · · · · · · · · · · · · · · · · ·	ncorpora		PER	PETUAL				
	(Da	te of incorpor	ration)		(Duration:	Year c	orp. will c	ease to exi	st or "perpe	tual")	<u></u>
6.			NOVEM	BER 8,	1999			-			
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)										
7.	a	W220 N507	SPRINGDALE			WI <u>53</u>	187				
			•	•	fice address)	-			0107		
	b	W220 N507	SPRINGDALE	ROAD	P.O. BOX 1	64/_	WAUKESH	A, WI.5	3187		
			(Cur	rent mail	ling address)						
8.			CING OF DUR						<u> </u>		
	(Purpose	(s) of corpora	tion authorized in	home st	tate or country t	o be car	ried out in	state of Fl	orida) SE	99	
9.	Name and str	eet address	of Florida regi	stered a	gent: (P.O. B	ox or N	/Iail Drop	Box NO	_acceptab	lej≅	7
	Name:	VINCENT	CARDELLA	.	,- ·	79441200000000000000000000000000000000000		- 4 - 4 - 1	ARY C	129	Ē
Office Address: 1922 U.S. HIGHWAY 98 NORT		H	- iden descalables			A TA	PR ::	<u> </u>			
		LAKELANI)			lorida	33805		DA FF	53	
							(Zip co	de)			. .

10. Registered agent's acceptance:

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.

(Registered agent's signature)

^{11.} 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.

Names, and	business addresses of officers and/or directors:		
DIRECTO		<u></u>	
airman:	EDWARD J. GAFFNEY		
dress:	W220 N507 SPRINGDALE ROAD WAUKE	SHA, WI 53187	
se Chairman:			
ldress:			
rector:			
ldress:		<u> </u>	
rector:		·-	
ldress:	W220 N507 SPRINGDALE ROAD WAUKESHA	, WI 53187	
ce President:	LARRY HANSEN		
ldress:	W220 N507 SPRINGDALE ROAD WAUKESHA,	WI 53187	SE 99
			<u> </u>
cretary:	ANN LA MARCHE		NOV 7
dress:	N220 N507 SPRINGDALE ROAD WAUKESHA,	WI 53187	29 SEE, J
			
easurer:	EDWARD J. GAFFNEY	÷	53 9A
-	V220 N507 SPRINGDALE ROAD WAUKESHA,	WI 53187	
OTF: If no.	essary, you may attach an addendum to the application	listing additional officers	and/or directors
	1 1	and a controlled to the control of t	ments of the outless.
	(Signature of Chairman Vice Chairman, or any office	er listed in number 12 of th	ne application)

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

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

ORTHO-KINETICS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is March 1, 1963.

I further certify that corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, 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 8, 1999.

RICHARD L. DEAN, Secretary Department of Financial Institutions

BY: Anne Ploess

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.