# MO200001387 Northern Consulting LLC 3035 Nicolet Drive Green Bay, WI 54311-7213

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Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	- (Document #)	<del></del> #
2. (Corporation Name)	(Document #)	<del></del>
3(Corporation Name)	- (Document #) 3000559	97339 -01050013
4. (Corporation Name)	(Document #) ****125.1	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of St	atus —
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	*
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	
	Examiner's Ini	ials

CR2E031(7/97)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSIN	ed liability company)
1 NORTHERN CONSULTTING LLC	THE PARTY OF
(Name of foreign limite	ed liability company)
	E, E/RATIO
WISCONSIN  (Jurisdiction under the law of which foreign limited liability company is organized)	ed liability company)  3. 39-2042175  (FEI number, if applicable)
4. NOVEMBER 8, 2001	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. APRIL 15, 2002	e sections 608.501, 608.502, and 817.155, F.S.)
(Date first transacted business in Florida. (See	escentions dod.501, dod.502, and downer,
7. 3035 NICOLET DRIVE	
GREEN BAY, WI 54311	
(Street address of	of principal office)
8. If limited liability company is a manager-managed co	mpany, check here
9. The name and usual business addresses of the manag	ring members or managers are as follows:
STEVEN ASHLEY 3035 NICOLET DR.	GREEN BAY, WI 54311
STEVEN ASHIEL 5055 NIGOZZI ZIV	<del>The first of the France of the first of the</del>
The second secon	
	eren in the second of the seco
acceptable. If the certificate is in a foreign language, translator must be submitted.)	, a translation of the certificate under oath of the
11. Nature of business or purposes to be conducted or p	promoted in Florida:
SALE AND INSTALLATION OF TELEPHONE	
Signature of a member or an aut (In accordance with section 608.408(3), F. an affirmation under the penalties of perju	horized representative of a member. S., the execution of this document constitutes try that the facts stated herein are true.)
STEVE ASHLEY	ed name of signee
Typed of print	The transfer of Alberta

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	On the A
NORTHERN CONSULTING LLC.	ON THE MAY SILL
2. The name and the Florida street address of the registered agent and office are:	ASECROPA, 14
CHRIS ASHLEY (Name)	ORIONS
Florida street address (P.O. Box NOT ACCEPTABLE)	<u>= 1</u> 890 (2015) (2016) (2016)
ORLANDO FL 32822 (City/State/Zip)	 <u>- 11</u> /카리커 ( 기식 1월 기기경유, 1급

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

DOM 183

#### United States of America

#### State of Wisconsin



### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### NORTHERN CONSULTING LLC.

is a domestic limited liability company organized under the laws of this state and that its date of organization is November 8, 2001.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 12, 2002.

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

BY: Oathy Michelson

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.