M11000005057

(Requ	iestor's Name)	
(Addro	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Docu	ıment Number)
Certified Copies	Certificate	s of Status

Special Instructions to Filing Officer:

W1148350

A. LUNT

OCT 10 2011

EXAMINER

Office Use Only



700211813377

09/16/11--01006--018 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2011

JOLENE VERSTEGEN 1400 N. RANKIN ST. APPLETON, WI 45911

SUBJECT: INDUSTRIAL MACHINE & TOOL LLC

Ref. Number: W11000048350

We have received your document for INDUSTRIAL MACHINE & TOOL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 511A00021642

Industrial Machine & Tool, LLC

September 27, 2011

FL Dept of State
Div of Corporations
Attn: Agnes Lunt
P.O. Box 6327
Tallahassee, FL 32314

Ms Lunt:

Enclosed is a Certificate of Status for Industrial Machine & Tool, LLC. When I spoke with you this morning you stated this would meet your filing requirements.

If you have any questions or need additional information, please let me know.

Sincerely,

Jolene Verstegen

dene Verstegen

Controller

enclosure

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Industrial Machine & To	ool LLC		
	ne of Limited Liability Company		
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Flori- pove referenced foreign limited liability company to transact b	da," Certific usiness in F	ate of lorida
Please return all correspondence concerning this ma	tter to the following:		
Jolene Verstegen			
	Name of Person	<u>. </u>	
Industrial Machine & Tool	LLC		,
	Firm/Company	281 SE	
1400 N. Rankin St.		SECRETARY	<u> </u>
	Address	17	E
Appleton, WI 54911	لتــــــــــــــــــــــــــــــــــــ	OF SIA	ED
	City/State and Zip Code	京 5	
accounting@jlmservic	70		•
	o be used for future annual report notification)		
For further information concerning this matter, please	se call;		
Jolene Verstegen	at (920) 968-0800		
Name of Person	Area Code & Daytime Telephone Number		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations Registration Section	Division of Corporations Registration Section		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		
Enclosed is a check for the following amount			
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee Certificate of Stat			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Industrial Machine & Tool LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. WI (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-4623435 (FEI number, if applicable)	
4. 4-7-2009 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	
1400 N. Rankin St., Appleton, WI 54911 (Street Address of Principal Office)	7
	TILE
9. The name and usual business addresses of the managing members or managers are as forms:	U
Bruce Truskowski, 1400 N. Rankin St., Appleton, WI 54911	
Lance Gray, 1400 N. Rankin St., Appleton, WI 54911	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recort the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	ds in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Machine Shop services	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	
penalties of perjury that the facts stated herein are true. I am aware that any 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.)	

Typed or printed name of signee

Bruce Truskowski

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.

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N 57 STATE FLORIDA	O
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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, Florida Statutes.

(Signature)

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

\$ 5.00 Certificate of Status (optional)

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, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

INDUSTRIAL MACHINE AND TOOL, LLC

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 April 7, 2009.

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 27, 2011.

RAY ALLEN, Deputy Secretary Department of Financial Institutions

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.

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code:

97071-586725E3