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(Address)					
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COVER LETTER

TO:

Registration Section **Division of Corporations**

T.J Hale Company LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning	this matter to the following:				
Gena Felde	r				
	Name of Person				
TJ Hale Cor					
	Firm/Company				
PO Box 250)				
Address					
Menomonee Falls, WI 53052-0250					
City/State and Zip Code					
gena_f@tjhale.com					
E-mail	address: (to be used for future ann	nual report notification)			
For further information concerning this matter, please call:					
Gena Felder	_{at (} 262	2 , 509-5517			
Name of Contact P	erson Area (Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS Division of Corporati Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	tions ter Circle			
	•	Filing Fee & \$160.00 Filing Fee ded Copy of Status & Certif			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TJ Hale Company 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
Delaware 3, 46-3954205
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
June 1st 2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
W139 N9499 Highway 145
Menomonee Falls, WI 53051
(Street Address of Principal Office) PO Box 250
Menomonee Falls, WI 53052
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Scott Reis - Director of Field Installations
R. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official againg custody of records in 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)
Cala Call
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. If may 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.)

Carla McGinn CFO

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Con	npany is:		
If unavailable, t	he alternate to be used in t	the state of Florida	is:	
2. The name an	d the Florida street addres	ss of the registered	agent and office are:	
	CT Corporation	n System		
		(Name)		
	1200 S. Pine Is	sland Rd		
	Florida Street A	Address (P.O. Box NO	T ACCEPTABLE)	
	Plantation	FL	33324	
		City/State/Zip		

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 605, Florida Statutes.

Rebecca Barth

Assistant Secretary

(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TJ HALE COMPANY, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2014.

5420725 8300

140108280

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 1112777

DATE: 02-05-14

You may verify this certificate online at corp.delaware.gov/authver.shtml