

MI4000006975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-57844

Office Use Only



600263152466

RECEIVED
FILED
14 SEP 19 AM 10:56
DIVISION OF CORPORATE & SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2014

CSC
COURTNEY WILLIAMS

RESUBMIT

Please give original
submission date as file date.

SUBJECT: W-S SPECIALTY SERVICES, LLC
Ref. Number: W14000057866

We have received your document for W-S SPECIALTY SERVICES, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

A certificate of existence or a certificate of good standing, 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 call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00020463

RECEIVED
14 SEP 26 AM 10:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2014 SEP 19 PM 2:21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2014

CSC
COURTNEY WILLIAMS

RESUBMIT
Please give original
submission date as file date.

SUBJECT: W-S SPECIALTY SERVICES, LLC
Ref. Number: W14000057866

We have received your document for W-S SPECIALTY SERVICES, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 214A00020249

2014 SEP 19 PM 2:21

FILED

RECEIVED
DEPARTMENT OF STATE
14 SEP 23 AM 11:08



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 303843 5141114

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : September 19, 2014

ORDER TIME : 9:46 AM

ORDER NO. : 303843-005

CUSTOMER NO: 5141114

FOREIGN FILINGS

NAME: W-S SPECIALTY SERVICES, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

FILED
2014 SEP 19 PM 2:21
TALLAHASSEE FLORIDA
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W-S SPECIALTY SERVICES, 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:

STEPHEN JOHNSON

Name of Person

W-S SPECIALTY SERVICES, LLC

Firm/Company

13667 192nd Street

Address

Council Bluffs, IA 51503-6984

City/State and Zip Code

SJohnson@W-SIndustrial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN JOHNSON

Name of Contact Person

at (712)

Area Code

366-8886

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 19 PM 2:21

FILED

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

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

1. W-S Specialty Services, 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.")

2. NEBRASKA 3. 87-0693978
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 220 LAKE BRANT DRIVE
LOT 2, FL 33548
(Street Address of Principal Office)

6. 13667 192nd Street
Council Bluffs, IA 51503
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are
Troy Holm, President
13667 192nd Street
Council Bluffs, IA 51503

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having 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)

John B. Wiese
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, and 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.)

JOHN B. WIESE
Typed or printed name of signee

2014 SEP 19 PM 2:21

FILED

**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.

1: The name of the Limited Liability Company is:

W-S SPECIALTY SERVICES, LLC

If unavailable, the alternate to be used in the state of Florida is:

2: The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

STATE OF FLORIDA
TALLAHASSEE

2014 SEP 19 PM 2:22

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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 605, Florida Statutes.

Corporation Service Company

By:



(Signature)

**Courtney Williams
Asst. Vice President**

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

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

W-S SPECIALTY SERVICES, L.L.C.

a limited liability company duly formed under the laws of this state on May 21, 2003, has paid all applicable fees, taxes and penalties to the Secretary of State; the most recent biennial report required has been filed; the company has not delivered to the Secretary of State a statement of dissolution or termination or been administratively dissolved by the Secretary of State and said limited liability company is in existence as of this date.

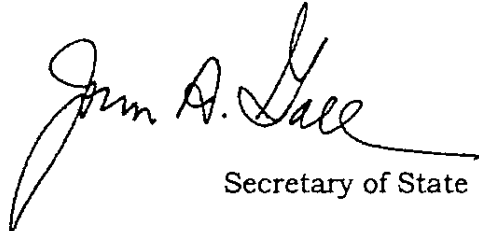
*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

September 25, 2014


Secretary of State