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# COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Control in Motion, 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:						
_Scott H. Decker						
Name of Person						
Firm/Company						
3730 Grantline Road						
Mims, FL 32754  City/State and Zip Code						
City/State and Zip Code						
Sdecker@controlinmotion/1c.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Scott H. Decker at (414) 840-7483 = Name of Contact Person Area Code Daytime Telephone Number						
Name of Contact Person Area Code Daytime Telephone Number						
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
Enclosed is a check for the following amount:  \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$  \$\Bigcup \\$155.00 \text{ Filing Fee & Certified Copy}\$  \$\Bigcup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}\$						

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

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINE			ING IS SUBMITTED TO RE	GISTER A FOREIGN L	IMITED LIABILITY
, Control	in Mo	tion L	ited Liability Company," "L		
(Name of Foreign I	Limited Liability Com	pany; must include "Lim	ited Liability Company," "L	L.C.," or "LLC.")	
(If name unavailable, enter alterna Liability Company," "L.L.C," or "	te name adopted for the	ne purpose of transacting	business in Florida. The alt	ernate name must inclu	ide "Limited
2. Wiscons	in	3.	27323 (FEI number, if a	7620	
(Jurisdiction under the law of whe company is organized)	nich foreign limited lia	ibility	(FEI number, if a	applicable)	
4					
s. 4066 Spr			prior to registration.) etermine penalty liability)		
Slinger, u	NI 530	86			
6. <u>3730 Gra</u>	1+line	Road.	)		• %
Mims, FL 32754				<u>.</u>	= -17
	(	Mailing Address)			3
7. Name and street address of			_acceptable)		-
Name:	Scott H.	Decker			(1)
Office Address:	3730 Gra	intline R	oad		ψ —
	Min	15	, Florida <u>3</u> 2	.754	
		(City)	(Zip	code)	
Registered agent's acceptance Having been named as registed designated in this application, to complywith the provisions of accept the obligations of my po-	red agent and to ac I hereby accept the of all statutes relativ	appointment as register to the proper and co	tered agent and agree to	act in this capacity.	I further agree
	www	(Registered agent's sig	MUN nature)	<del></del>	
8. The name, title or capacity	and address of the		•		
				16.	
Scott H. D. 3730 Grai	ntline 1	Parist	yeard		
mims, FL					
0 Association		00 411 4-1	discolored by the 1800 cm.		1
<ol><li>Attached is a certificate of ex- jurisdiction under the law of whole of the translator must be submited.</li></ol>	hich it is organized.	(If the certificate is in			
	"Dwel	K Deck	es		
		Signature of an authorize	d person		
This document is executed in a submitted in a document to the	Department of State	constitutes a third deg	ree felony as provided fo	re that any false infor r in s.817.155, F.S.	mation
<del></del>	Scott	H. Decke	<u> </u>	<del></del>	
	.1	yped or printed name of	signee		

## 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, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### **CONTROL IN MOTION, 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 August 10, 2010.

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 January 18, 2016.



GEORGE PETAK, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: 1691

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