M16000007110

(Requestor's Name)	
(Address)	
(Address) W16-01632 (City/State/Zip/Phone#)	1
PICK-UP WAIT MAIL	1
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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N. CAUSSEAUX SEP 2 8 2016

COVER LETTER

TO: Registration Section Division of Corporations	, .
SUBJECT: Building Envelo	pe Solutions, W
The enclosed "Application by Foreign Limited Liability Company Existence, and check are submitted to register the above reference	for Authorization to Transact Business in Florida," Certificate of d foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the foll	owing:
Olivia K. (Graff
O · · · · —	oi reison
Building Envelop	e Whitens, LLC
2559 Badger An	ddress
A	A-0 \ 1
OSNKOSH, WI 5	1904
Snen(accm No) E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please call:	
Olivia K Gvatf Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2016

OLIVIA K. GRAFF BUILDING ENVELOPE SOLUTIONS, LLC 2559 BADGER AVENUE OSNKOSH, WI 54904

SUBJECT: BUILDING ENVELOPE SOLUTIONS, LLC

Ref. Number: W16000061622

We have received your document for BUILDING ENVELOPE SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Returning only the application for signature of RA.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 016A00019028

Nanette Causseaux Regulatory Specialist II Supervisor

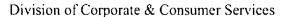
www.sunbiz.org

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

IN COMPLENCE WITH SECTION 6050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR COMPLEM TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN LINITED LI (BILITY
1. Outding Envelope Solutions, Lucion (Name of Foreign Limited Liability Company, this timelude "Limited Liability Company," L.C., "or "L	<u>(</u>
(It name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name reliability Company," "L.L.C," or "L.L.C.")	_
2 WISON SIN (Jurisdiction under the law of which foreign limited hability company is organized) 1 27-1525664 (FEI number, if applicable)	 -
4. N/A (Date lirst transacted business in Florida, if prior to registration.)	
(See sections 605 0904 & 605 0905, I'S. to determine penalty linbility) 5. 2559 Badger Avenue	on my
OSNKOSN, WY 54904	To St.
6. 2559 Badger Avenue	6 P (T)
OSNKOSH, WY 54904	F102
7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	REP
Name InCorposervices, Inc.	
Office Address 1888 (0 111 (OUV + NOK 17)	
Cary Florida (Zip code)	
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this c to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a	apacity. I further agree nd I am familiar with und
accept the obligations of my position at registered agent.	La10 D
Registered agent's signature) Taylord	Services Inc.
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	1.10
JIVIU E Graff THE MUNICIPLY 237 Caciger	
<u> Erik Larson – President Divisor – Same a</u> Sheri Roen – Controller – Same as Listed	211210
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cus	tody of records in the
jurisdiction under the law of which it is organized (If the certificate is in a foreign language, a translation of the of the translator must be submitted)	e certificate under oath
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any fa	lse information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15	
Typed of profted hame of signee	

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BUILDING ENVELOPE SOLUTIONS, 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 December 8, 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 August 24, 2016.



DAVID DUECKER, Deputy 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:

184477-433E4931