

M16000007710

(Requestor's Name)

(Address)

(Address)

W16-61622

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 SEP 26 PM 12:14
CLERK OF STATE
TALLAHASSEE FLORIDA

N. CAUSSEAU

SEP 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Building Envelope Solutions, 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:

Olivia K. Graff
Name of Person

Building Envelope Solutions, LLC
Firm/Company

2559 Badger Ave
Address

Oshkosh, WI 54904
City/State and Zip Code

Sroen@ecmholdinggroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia K Graff at 920 267-6116
Name of Contact Person Area Code 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



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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 016A00019028

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:

1. Building Envelope Solutions, 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. Wiscon Sim 3. 27-1525664
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2559 Badger Avenue
OSHKOSH, WI 54904
(Street Address of Principal Office)

6. 2559 Badger Avenue
OSHKOSH, WI 54904
(Mailing Address)

7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (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 capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Josie A. Sorensen on behalf of InCorp Services, Inc.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Olivia K Graff - HR Manager - 2559 Badger Ave
Erik Larson - President/DNA - Same as listed
Sheri Roen - Controller - Same as listed

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

[Signature]
Typed or printed name of signee

16 SEP 26 PM 12:16
STATE OF FLORIDA

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, 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.

FILED
16 SEP 26 PM 12:16
STATE OF WISCONSIN
DIVISION OF CORPORATE & CONSUMER SERVICES



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 24, 2016.

A handwritten signature in black ink, appearing to read "David Duecker".

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**