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COVER LETTER

	Registration Section Division of Corporation	s				
SUBJECT	MEP Associates, LL	.C				
SOBJECT	· · ·	Name of I	Limited Liability C	Company		-
		eign Limited Liability Comp d to register the above refere				
Please retu	ırn all correspondence c	oncerning this matter to the	following:			
	Kacy Hack					
		Na	ime of Person			-
	MEP Associate	s, LLC				
Firm/Company						-
	2720 Arbor Co	urt				
Address						-
Eau Claire, WI 54701						17 Kin 27
		City/Si	ate and Zip Code			27
	licenses@mepass	sociates.com				
		E-mail address: (to be used	for future annual	report not	ification)	_ (; <u>.</u>
For further	r information concerning	g this matter, please call:				on '
ŀ	Kacy Hack		715 _ at (_)	80 x1115	_
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
R P	MAILING ADDRESS: Division of Corporations Registration Section 2.O. Box 6327 Callahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	is a check for the follow \$\frac{1}{2}\$ \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

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:

MEP Associates, LLC			
(Name of Fore	ign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LL	.C.")
MEP Engineering Servi			
If name unavailable, enter al liability Company," "L.L.C,"		transacting business in Florida. The alternate name m	nust include "Limited
Wisconsin	·	3. 820581940	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
ł	(Data final transported business in	Elouido if prior to vaciotation	
	(See sections 605.0904 & 605.0905	Florida, if prior to registration.) 5, F.S. to determine penalty liability)	
2720 Arbor Court			
Eau Claire, WI 54701	(Street Address of Princ	inal Office)	
5. 2720 Arbor Court	(Street Address of Franc	ipai Office)	: اَحْرَاتُهُ د ما المحرَّد : د ما المحسد
). 2720 7HB07 COHR		- 334	7 MIR 27
Eau Claire, WI 54701			
	(Mailing Addr	ess)	2
7. Name and street addres	ss of Florida registered agent; (P.O. F	Box NOT acceptable)	-D
	Corporation Service Company		
Name:			رپ
Office Address:	1201 Hays Street		ริก
	Tallahassee	, Florida 32301	
Registered agent's accep	(City)	, Florida 32301 (Zip code)	
Registered agent's acceptaving been named as relesignated in this applicate complywith the provision accept the obligations of the control of	(City) tance: rgistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent. (Registered	of process for the above stated limited liability at as registered agent and agree to act in this coper and complete performance of my duties, as agent's signature) o has/have authority to manage is/are:	apacity. I further agr nd I am familiar with
Registered agent's acceptaving been named as redesignated in this applicate complywith the provision accept the obligations of the bame, title or capalleff Urlaub, Principal/CE	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. (Registered active and address of the person(s) who	of process for the above stated limited liability at as registered agent and agree to act in this coper and complete performance of my duties, as agent's signature) co has/have authority to manage is/are:	apacity. I further agr nd I am familiar with
Registered agent's acception that the provision of the comply with the provision of the complete the complete the complete the provision of the complete	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. (Registered acity and address of the person(s) who O - 2720 Arbor Court, Eau Claire, W	of process for the above stated limited liability at as registered agent and agree to act in this coper and complete performance of my duties, as agent's signature) o has/have authority to manage is/are: 1 54701 laire, WI 54701	apacity. I further agr nd I am familiar with
Registered agent's accept Having been named as redesignated in this applicate to complywith the provision accept the obligations of B. The hame, title or capa Jeff Urlaub, Principal/CE Anthony Rongstad, Principal Michael Luster, Principal 9. Attached is a certificate	(City) tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent. (Registered acity and address of the person(s) who O - 2720 Arbor Court, Eau Claire, W ipal/COO - 2720 Arbor Court, Eau C /Chief Development Officer -2720 A of existence, no more than 90 days of of which it is organized. (If the certif	of process for the above stated limited liability at as registered agent and agree to act in this coper and complete performance of my duties, as agent's signature) o has/have authority to manage is/are: 1 54701 laire, WI 54701	apacity. I further agr and I am familiar with VP stody of records in the

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.

Anthony Rongstad

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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

MEP ASSOCIATES, 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 17, 2002.

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 December 23, 2016.

MARY ANN MCCOSHEN, 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/

191962-468AC925