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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

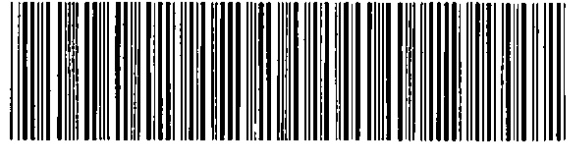
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
JUL 25 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DPR IRON, 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:

GENE R HUEBNER

Name of Person

DPR IRON, LLC

Firm/Company

844 E ROCKLAND RD

Address

LIBERTYVILLE, IL 60048-3358

City/State and Zip Code

kkvitek@aldridgegroup.com

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

For further information concerning this matter, please call:

STEVEN WALLENFANG, CONTROLLER

847

680-5200

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. DPR IRON, L.L.C
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. WISCONSIN
(Jurisdiction under the law of which foreign limited liability company is organized)
3. D043982
(FEI number, if applicable)
4. JANUARY 1, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. N3291 FOUNDRY RD
(Street Address of Principal Office)
6. 844 E ROCKLAND RD
(Mailing Address)
- DARIEN, WILL53114-1444
- LIBERTYVILLE, IL 60048-3358

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

Name: C T COPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.

Linda Stauffer
(Registered agent's signature)

Linda Stauffer
Assistant Secretary

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gene R Huebner</u>	<input type="checkbox"/> Manager	Name: <u>Kenneth W Aldridge</u>
<input type="checkbox"/> Member	Address: <u>844 E Rockland Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>844 E Rockland Rd</u>
<input type="checkbox"/> Authorized	<u>Libertyville IL 60048-3358</u>	<input type="checkbox"/> Authorized	<u>Libertyville IL 60048-3358</u>
Person	<u>GENE R HUEBNER</u>	Person	<u>KENNETH W ALDRIDGE</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Stephen W Aldridge, 2016 GST T</u>	<input type="checkbox"/> Manager	Name: <u>Alex L Aldridge, 2016 GST TRU,</u>
<input checked="" type="checkbox"/> Member	Address: <u>844 E Rockland Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>844 E Rockland Rd</u>
<input type="checkbox"/> Authorized	<u>Libertyville IL 60048-3358</u>	<input type="checkbox"/> Authorized	<u>Libertyville IL 60048-3358</u>
Person	<u>STEPHEN W ALDRIDGE</u>	Person	<u>ALEX L ALDRIDGE</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

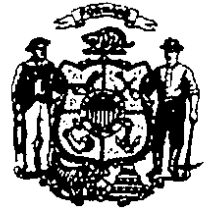
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Gene R. Huebner
Signature of an authorized person

Gene R Huebner, Manager/Member DPR IRON, LLC

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, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DPR IRON, 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 February 02, 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, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 17, 2023.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions