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(((H23000429408 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

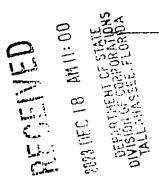
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail Address: SaraSmiin@	}MonarcnMD.org	
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# Foreign Limited Liability Company MONARCH DISTRIBUTION LLC

Certificate of Status	0
Certified Copy	
Page Count	0.1
Estimated Charge	\$155.00

To: Page: 3 of 5 2023-12-18 05:46:49 PST 19548277645 From: Kaity Toon

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN TIMITED HABILITY

(Nume of Foreign	Limited Liability Company; most include "Limited	Liability Company," T. I.	.C.," or "LLC")			-
name unavailable, enter alternate d	name adopted for the purpose of transacting husiness in Flor	rida. The alternate name unust	include "Limited Liabi	lity Company	L.I. C." or "	
Wisconsin		93-1594858				
(hirisdiction under the law of w	r law of which foreign limited liability company is organized?		(FEI number, if applicable)			_
11/22/2023						
<del></del>	(Date first transacted business in Herida, it prior to re (See sections 605 0904 & 605,0935, F.S. to determin	gistration ) e penalty liability)		<del></del>		
Pack and Ship		1520 County I 6. (Mailing Add	Highway NN			
reet Address of Principal (Misce)		(Mailing Ad	tress)			
N168W20379 Main Str	ect	West Bend, W	i 53095			
Jackson, Wi. 53037						
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)			202	
Name:	C T Corporation System				2023 DEC	
.vanc.	1200 South Pine Island Road			• •	8	
Office Address:	1200 South Fire Island Wad			**,*	70	
	Plamation	, Floriç	33324 Ia		9 դ ։ դ	
	(Cuy)		(Zip code)		6	

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.

C T Corporation System
Rachel O'Connor, Assistant Secretary

From: Kaity Toon

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]:

2023-12-18 05:46:49 PST

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Sarah Smith	□Manager	Name:	····
⊞Member	Address: 1520 County Highway NN	□Member	Address:	
☐ Authorized	West Bend, WI 53095	□Authorized		
Person	USA	Person		
□Other	DOther	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Cauthorized		
Person		Person		
□Other		COther		□Other
·				
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		[.] Authorized		
Person		Person	M	
□Other	□Other	[]Other		□()ther

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S.

Sarch Smith	
Signature of an and	recized person
Sarah Smith, MD	
Typed or printed n	anne 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, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

## MONARCH DISTRIBUTION 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 May 30, 2023.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., and that said corporation or limited liability company 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 November 20, 2023.

CRAIG HEILMAN, 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:

375534-161D0AB1