

M24000008146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

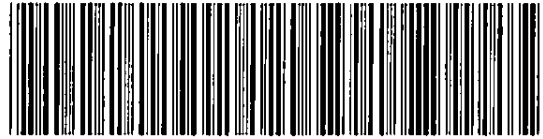
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-85495

Office Use Only



600429325786

05/15/24--01017--010 \*\*100.00

05/15/24--01017--010 \*\*100.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUN 25 PM 4:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2024

BENJAMIN J. HAUPT  
1160 N. MAYFLOWER DR.  
APPLETON, WI 54913 US

SUBJECT: WAREHOUSE SPECIALISTS, LLC  
Ref. Number: W24000085495

We have received your document for WAREHOUSE SPECIALISTS, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 324A00012318

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Warehouse Specialists, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Benjamin J. Haupt

Name of Person

Warehouse Specialists, L.L.C.

Firm/Company

1160 N. Mayflower Dr.

Address

Appleton, WI 54913

City/State and Zip Code

hauben@wsinc.com

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

For further information concerning this matter, please call:

Benjamin J. Haupt

920

830-5015

244

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**

D \$125.00 Filing Fee	D \$130.00 Filing Fee & Certificate of Status	D \$155.00 Filing Fee & Certified Copy	D \$160.00 Filing Fee, Certificate of Status & Certified Copy
-----------------------	---	--	---

1 2 3 4

**TO: Registration Section  
Division of Corporations**

Warehouse Specialists, LLC

**SUBJECT:** -----  
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:

Benjamin J. Haupt

Name of Person: \_\_\_\_\_

Warehouse Specialists, LLC

Finn Company

1160 N. Mayflower Dr.

Address

Appleton, WI 54913

City, State and Zip Code \_\_\_\_\_

[hauben@wsinc.com](mailto:hauben@wsinc.com)

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

For further information concerning this matter, please call:

Benjamin J. Haupt

920

850-5015

-----att-----  
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**

D \$125.00 Filing Fee	<del>X</del> D \$130.00 Filing Fee & Certificate of Status	D \$155.00 Filing Fee & Certified Copy	D \$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. Warehouse Specialists, 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. Wisconsin  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0864766  
(FEI number, if applicable)

4. 05/10/2024  
(Date first transacted business in Florida, if prior to registration;  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1160 N. Mayflower Dr.  
(Street Address of Principal Office)

6. 1160 N. Mayflower Dr.  
(Mailing Address)

Appleton, WI 54913

Appleton, WI 54913

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

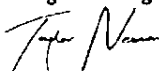
Name: Northwest Registered Agent, LLC

Office Address: 7901 4th St. N Ste 300 St.

Petersburg, FL 33702  
(City) 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 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.



(Registered agent's signature)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUN 25 PM 4:35

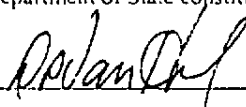
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Daniel P. VandenHeuvel	<input type="checkbox"/> Manager	Name: Robert J. Schroeder
<input type="checkbox"/> Member	Address: 1160 N. Mayflower Dr.	<input type="checkbox"/> Member	Address: Appleton, WI 54913
<input type="checkbox"/> Authorized	Appleton, WI 54913	<input type="checkbox"/> Authorized	Appleton, WI 54913
Person		Person	
<input checked="" type="checkbox"/> Other CFO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Paul Simmons	<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 checked="" type="checkbox"/> Other President	<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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
DANIEL P. VANDENHEUVEL, CFO  
\_\_\_\_\_  
Typed or printed name of signer

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

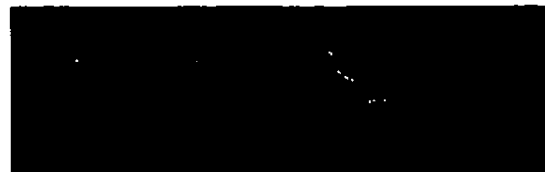
**WAREHOUSE SPECIALISTS, LLC**

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 23, 2020.

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 April 30, 2024.



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: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: **387737-A13E49B2**