

10/10/24, 10:22 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Business Filings Support Sheet

**M24000013011**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000340730 3)))



H2400034073034BCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

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

Email Address: office@drysourcelnc.net

RECEIVED

2024 OCT 10 PM 1:29

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
DRY SOURCE LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

2024 OCT 10 11:11:17

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dry Source LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Wisconsin 3. 30-1063833  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. Upon Qualification  
(Date first transacted business in Florida (if prior to registration)  
(See sections 602.0604 & 602.0903, F.S., to determine penalty liability)

5. 217 N Main St 6. 217 N Main St  
(Street Address of Principal Office) (Mailing Address)

Deerfield, Wisconsin 53531

Deerfield, Wisconsin 53531

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

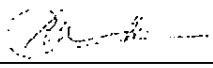
Name: Business Filings Incorporated

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.

  
(Registered agent's signature)

Chris Das, A.V.P., Business Filings Incorporated

2024 OCT 10 11:17

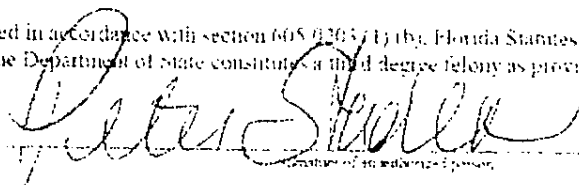
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage (up to six (6) total):

| <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: Peter Stadler                  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | 217 N Main St,                       | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | Deerfield, Wisconsin 53531           | Person                               | _____                                |
| <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 _____ |
| <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 605.02(3)(1) of the 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.



Peter Stadler

Typed or printed name of signer

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



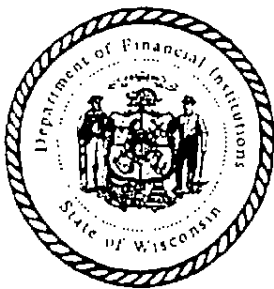
To All to Whom These Presents Shall Come, Greeting:

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

**DRY SOURCE 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 11, 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 October 10, 2024.

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

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: **400362-ED78D2ED**