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(Requestor's Name)

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(Address)

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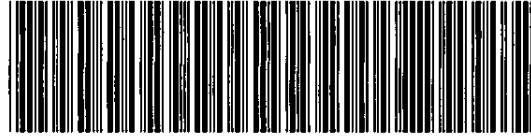
(Business Entity Name)

(Document Number)

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2015 DEC 31 P 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

JAN 04 2015  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARANDELL CORPORATION  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOSEPH R BINTER

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

ARANDELL CORPORATION

\_\_\_\_\_  
Firm/Company

P.O. BOX 405

\_\_\_\_\_  
Address

MENOMONEE FALLS, WISCONSIN 53052-0405

\_\_\_\_\_  
City/State and Zip code

JRBINTER@ARANDELL.COM

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

For further information concerning this matter, please call:

JOSEPH R BINTER                      262                      255-4400  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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 2015 DEC 31 PM 3:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ARANDELL CORPORATION

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ARANDELL CORP

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WISCONSIN 3. 39-0554270 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 25, 1988 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. 10/01/2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. N82 W13118 LEON ROAD MENOMONEE FALLS, WI 53051 (Principal office address)

P.O. BOX 405 MENOMONEE FALLS, WI 53052-0405 (Current mailing address, if different)

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

Name: BRIAN E. ALLNOCK

Office Address: 109 COLOMBARD CT

PONTE VEDRA BEACH, Florida 32082 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

[Handwritten signature] 12/28/15 (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: BRADLEY J HOFFMAN  
N82 W13118 LEON ROAD  
Address: MENOMONEE FALLS, WI 53051

Vice Chairman: TIMOTHY A NETTESHEIM  
N82 W13118 LEON ROAD  
Address: MENOMONEE FALLS, WI 53051

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

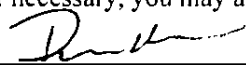
President: BRADLEY J HOFFMAN  
N82 W13118 LEON ROAD  
Address: MENOMONEE FALLS, WI 53051

Vice President: WALT EDWARDS  
N82 W13118 LEON ROAD  
Address: MENOMONEE FALLS, WI 53051

Secretary: TIMOTHY NETTESHEIM  
N82 W13118 LEON ROAD MENOMONEE FALLS, WI 53051  
Address: \_\_\_\_\_

Treasurer: DAVID KANE  
N82 W13118 LEON ROAD MENOMONEE FALLS, WI 53051  
Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. DAVID KANE - VICE PRESIDENT FINANCE & INFORMATION TECHNOLOGY, TREASURER  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARANDELL CORPORATION**

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 October 25, 1988.

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 November 20, 2015.

A handwritten signature in cursive script that reads "George Petak".

GEORGE PETAK, 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: **166401-F92C05AB**