

M22000003646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

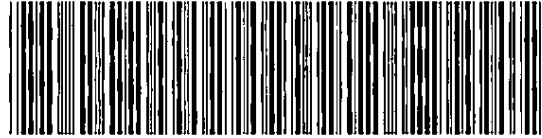
(Business Entity Name)

(Document Number)

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2022 MAR 10 AM 10:37  
STATE OF MISSISSIPPI

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2022 MAR 10 PM 4:26  
Mississippi Secretary of State

S. ROBERTS

MAR 10 2022



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: March 10, 2022

Account#: I20000000088

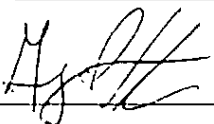
Name: GREG PINTACUDA

Reference #: 1595673

Entity Name: NORTHCENTRAL TELCOM, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$125

Signature: 

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. NORTHCENTRAL TELCOM, 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. 39-1862862  
(FEI number, if applicable)

4. 2/1/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. N94W14272 Garwin Mace Dr  
(Street Address of Principal Office)

6. N94W14272 Garwin Mace Dr  
(Mailing Address)

Menomonee Falls, WI 53051

Menomonee Falls, WI 53051

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FL

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.

/s/ SHANNON M. MADDOX

(Registered agent's signature)

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]:

Title or Capacity: Name and Address:  
 Manager Name: WeConnect Group, LLC  
 Member Address: \_\_\_\_\_  
 Authorized 1085 Parkview Rd, Ste B  
 Person Green Bay, WI 54304  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: Ogstel Holdings, Inc  
 Member Address: \_\_\_\_\_  
 Authorized N94W14272 Garwin Mace Dr.  
 Person Menomonee Falls, WI 53051  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Richard Homberg  
 Member Address: \_\_\_\_\_  
 Authorized N94W14272 Garwin Mace Dr.  
 Person Menomonee Falls, WI 53051  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: • Brian Thomas  
 Member Address: \_\_\_\_\_  
 Authorized N94W14272 Garwin Mace Dr.  
 Person Menomonee Falls, WI 53051  
 Other \_\_\_\_\_  Other \_\_\_\_\_

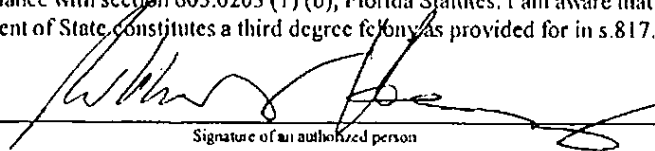
Manager Name: Tom Burgess  
 Member Address: \_\_\_\_\_  
 Authorized 1085 Parkview Rd, Ste B  
 Person Green Bay, WI 54304  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Brad Libby  
 Member Address: \_\_\_\_\_  
 Authorized 1085 Parkview Rd, Ste B  
 Person Green Bay, WI 54304  
 Other \_\_\_\_\_  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  
Richard Homberg  
 \_\_\_\_\_  
 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, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**NORTHCENTRAL TELCOM, 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 October 01, 1996.

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 March 08, 2022.

A handwritten signature in black ink, appearing to read "Michelle Y. Knuese".

MICHELLE Y. KNUESE, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

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DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **325206-FB887A8F**