F24000003766

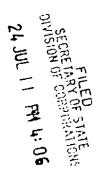
(Requestor's Name)				
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations				
SUBJECT: WC2 ENGINEER	ING INC			
		must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good Stand	ing" and check are subi		
Please return all correspondence concern WADE CARTEP	ing this matter t	o the following:		
	Name of P	erson		
WC2 ENGINEERING INC				
	Firm/Comp	any		
2957 S 101ST STREET	•	•		
	Addres	s		
WEST ALLIS, WI 53227				
	City/State an	d Zip code		
WCARTER@WC2ENG.COM				
E-mail addres	s: (to be used fo	r future annual report n	otification)	
For further information concerning this r	natter, please ca	II:		
WADE CARTER	at (414	, 644-5922		
Name of Person	Area Code) 644-5922 Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following am Please make check payable to: FLORIDA D S70.00 Filing Fee Certificate	EPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	✓ S87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in	n Florida)	_	
WISCONSIN		99-3064034			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
2957 S 101	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.156) ST STREET, WEST ALLIS, WI	22, F.S., to determine penalty liability)			
	•	e <u>street</u> address)		_	
Name and stree	t address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	24	VIG.	
Name:	Registered Agents Inc		JU	SION SECK	
	7901 4th St N STE 300		<u>-</u>	27.5	
ffice Address:	St. Petersburg	Florida <u>33702</u>		- X	
ffice Address:	9			\sim	
Office Address:	(City)	(Zip code)	փ: 0 6	ORATION	

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name: Wade Cluff Carter	□ Chairman	Name:				
, □Vice Chairman	Address: 2957 S 101st Street	□Vice Chairman	Address:				
□Director	West Allis, WI 53227	□Director					
⊘ President		□President					
□Vice President		□Vice President					
Z Secretary	⊠ Treasurer	□ Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President		<u> </u>			
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
Other		□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□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. 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. Wade Cluff Carter, President

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:

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

WC2 ENGINEERING, INC.

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 09, 2024.

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 July 03, 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: 392774-FB632035