RI SOS Filing Number: 201737394350 Date: 3/6/2017 9:19:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

R.I. DEPT, OF STATE BUS SVCS DIV

1. The name of the corporation is:				
Stutzki Engineering, Inc.				
2. It is incorporated under the laws of: Wiscons	in			
3. The name, if different, which it elects to use in Rhode Island is:				
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4. The date of its incorporation is: October 4, 20	004			
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
241 North Broadway, Suite 302, Milwaukee, Wisconsin 53202				
6. The name and address of the initial registered agent/office of in Rhode Island:				
Agent Name InCorp Services, Inc.				
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 9:19 Am

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7. The purpose or purp	oses which it proposes to pursue i	in the transaction of bu	usiness in Rhode Island are:
_	ring and to engage in any other l aws of the State of Wisconsin, a	•	-
8. (a) The names and re state or country of which		's (optional, unless dire	ectors are required under the laws of the
NAME	,	AD	DRESS
		C	Check the box to indicate an attachment.
	espective addresses of its principa of which it is incorporated):	I officers (mandatory if	if directors are not required under the laws
OFFICE	NAME		ADDRESS
PRESIDENT			
VICE PRESIDENT			
TREASURER			
SECRETARY			
			Check the box to indicate an attachment.
The aggregate number par value, and series, if		to issue; itemized by o	classes, par value of shares, shares without
NUMBER OF SHARES 9,000	CLASS Common	SERIES	PAR VALUE OR STATE NO PAR VALUE No Par
	-		
	llars, the value of all property to be		llars, the value of the corporation's property
owned by the corporation located: \$ 97,660	on for the following year, wherever	to be located within	n Rhode Island during the following year:
within this state during th		ie of all property of the	operty of the corporation to be located corporation to be owned during the 0 to obtain the percentage.

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
\$ <u>2,000,000</u>	\$ <u></u>
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage.	year compared to the gross amount thereof which will be
<u>3.20</u> %	
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 day	s from the day of filing)
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contained	mined this Application for Certificate of Authority, including any ad herein are true and correct.
Type or Print Name of Authorized Officer	Date
Christian Stutzki	3/3/17
Signature of Authorized Officer of the Corporation	upla

LIST OF OFFICERS

Name	Title	Business Address
Christian Stutzki	President/Secretary	241 North Broadway Suite 302 Milwaukee, WI 53202
John Knowles	Vice President of Engineering	241 North Broadway Suite 302 Milwaukee, WI 53202
Matthew E. Kuba	Vice President of Engineering	241 North Broadway Suite 302 Milwaukee, WI 53202

^{*}Stutzki Engineering, Inc. is a close corporation organized under Wisconsin law and does not have any directors.

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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

STUTZKI 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 October 4, 2004.

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.

Of Financial Partitions of Wisconst Id

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 03, 2017.

MARY ANN MCCOSHEN, 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: 196208-51730914



State of Rhode Island and Providence Plantations **Board of Registration for Professional Engineers**



BE IT KNOWN THAT

Stutzki Engineering, Inc.

qualifications required by law is hereby authorized to practice having given satisfactory evidence of having the

Engineering as a Corporation IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 8417

Expires: 06/30/2017

Issued: 02/09/2017

Secretary

Chopse DE

Chairperson

RI SOS Filing Number: 201737394350 Date: 3/6/2017 9:19:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 06, 2017 09:19 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

