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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

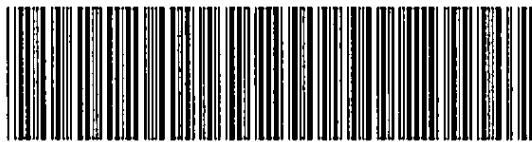
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO: Registration Section  
Division of Corporations

SUBJECT: SPRING HILL PDT-SH LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Leah Wyant  
Name of Person

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Wyant Law Offices, S.C.  
Firm/Company

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601 Lake Avenue  
Address

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Racine, WI 53403  
City/State and Zip Code

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lwyant@wyantlaw.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Leah Wyant at ( 262 ) 456-2391  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. SPRING HILL PDT-SH 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. N/A  
(FEI number, if applicable)

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

5. 3030 Starkey Blvd  
(Street Address of Principal Office)

6. 3030 Starkey Blvd  
(Mailing Address)

Trinity, FL 34655

Trinity, FL 34655

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

Name: Krzysztof Zielinski

Office Address: 3030 Starkey Blvd

Trinity, Florida 34655  
(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)

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:**  Manager **Name and Address:** Name: Krzysztof Zielinski  
 Member Address: 3030 Starkey Blvd  
 Authorized Trinity, FL 34655  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Paul Gottsacker  
 Member **Address:** 909 N 8th Street, Suite 110  
 Authorized Sheboygan, WI 53081  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** \_\_\_\_\_  
 Member **Address:** \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: Thomas Schafer  
 Member Address: 2551 N Wahl Ave  
 Authorized Milwaukee, WI 53211  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

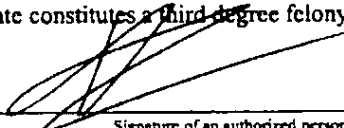
Manager **Name:** Derek Zabel  
 Member **Address:** 3030 Starkey Blvd  
 Authorized Trinity, FL 34655  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** \_\_\_\_\_  
 Member **Address:** \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 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

Krzysztof Zielinski, Manager  
 \_\_\_\_\_  
 Typed or printed name of signee

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

**SPRING HILL PDT-SH 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 March 15, 2021.

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, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 31, 2021.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

