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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smokey Grotto L.L.C.  
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:

David Correa  
Name of Person

Smokey Grotto L.L.C.  
Firm/Company

1126 Sandy Ridge Drive  
Address

Davenport Florida 33896  
City/State and Zip Code

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

For further information concerning this matter, please call:

David Correa at ( 352 ) 342 7512  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Smokey Grotto L.L.C.  
(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. Milwaukee, Wisconsin  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1494793  
(FBI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0914 & 605.0905, F.S., to determine penalty liability.)

5. W204 D5419 Lannon Rd  
(Street Address of Principal Office)

6. 1126 Sandy Ridge Drive  
(Mailing Address)

Menomonee Falls

Davenport, Florida

Wisconsin 53051

33896

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

Name: David Correa

Office Address: 1126 Sandy Ridge Drive

Davenport, Florida 33896  
(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.

David Correa  
(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:

Title or Capacity:

Name and Address:

☒ Manager

Name: David Correa

☒ Manager

Name: Amber Stapleton

☒ Member

Address: 1126

☒ Member

Address: 1126

☒ Authorized

Sandy Ridge Dr

☒ Authorized

Sandy Ridge Dr

Person

Davenport, FL 33896

Person

Davenport FL 33896

☐ Other

☐ Other owner

☐ Other

☐ Other owner

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

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

☐ Member

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

☐ Authorized

\_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other \_\_\_\_\_

☐ Other

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

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

☐ Member

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

☐ Authorized

\_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other \_\_\_\_\_

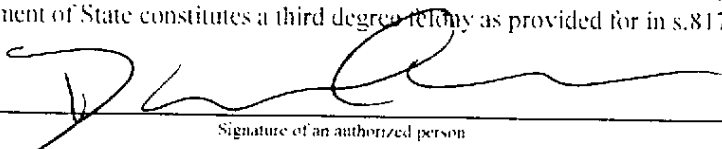
☐ Other

☐ 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.

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

David Correa

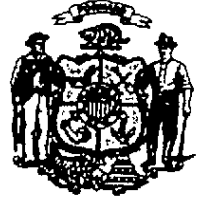
Typed or printed name of signer

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

**SMOKEY GROTTO L.L.C.**

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 June 11, 2020.

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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 05, 2021.

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

PATTI EPSTEIN, 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.wdfl.org/apps/ccs/verify/>

Enter this code: 202062-05-00000000