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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

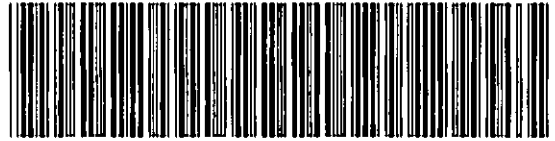
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APPROVED
AND
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2022 JUN 15 PM 12:24

LAW OFFICES
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*Wisconsin Lawyers:
Expert Advisers. Serving You.*

JOHN T. ROETHE (1911-1975)

ROBERT G. KROHN, Retired
DALE E. POPE, Retired
DAVID J. ROSS, Retired

March 31, 2022

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Re: BBL Vacations, LLC, a Wisconsin Limited Liability Company,
registering for a Foreign Limited Liability Company in the State of
Florida.

Dear Friends:

Enclosed are certain documents relating to BBL Vacations, LLC are certain documents relating to Bbl Vacations, LLC, a Wisconsin Limited Liability Company which is registering for Foreign authorization to transact business in Florida as follows:

1. Application for Foreign Limited Liability Company authorization;
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

I would ask that these be filed with the State of Florida, along with a check in the amount of \$125.00 of the filing fee and the \$25.00 filing fee for the Registered Agent.

In the event you have any questions, please feel free to contact me.

Thank you again.

Sincerely,

ROETHE POPE ROETHE LLP




Mark E. Robinson

e-mail: merobinson@roethelaw.com

jlw

enc.

24 N. Henry Street, PO Box 151, Edgerton, WI 53534, PH: 608-884-3391 FAX: 608-884-7018

Reply to  508 Campus Street, Ste. 101, Milton, WI 53563, PH: 608-868-4346 FAX: 608-884-7018

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. BBL Vacations, LLC, a Wisconsin Limited Liability Company
(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. 88-1381743 (FEI number, if applicable)

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

5. 427 Lakewood Drive (Street Address of Principal Office)
Williams Bay, WI 53191
6. (Mailing Address)

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

Name: CT Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

[Handwritten Signature]
(Registered agent's signature)


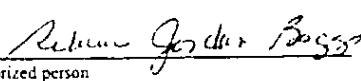
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Michael Boggs</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Rebecca Jordan Boggs</u>
<input type="checkbox"/> Member	Address: <u>427 Lakewood Dr</u>	<input type="checkbox"/> Member	Address: <u>427 Lakewood Dr</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Williams Bay WI 53191</u> <u>Michael Boggs</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Williams Bay WI 53191</u> <u>Rebecca Boggs</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Deaton Boggs</u>	<input type="checkbox"/> Manager	Name: <u>Jackson Boggs</u>
<input checked="" type="checkbox"/> Member	Address: <u>427 Lakewood Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>427 Lakewood Dr</u>
<input type="checkbox"/> Authorized Person	<u>Williams Bay WI 53191</u> <u>Deaton Boggs</u>	<input type="checkbox"/> Authorized Person	<u>Williams Bay WI 53191</u> <u>Jackson Boggs</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Michael Boggs Rebecca Jordan Boggs

 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, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BBL VACATIONS, 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 30, 2022.

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 183.0120 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 June 15, 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

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: **334369-C39FD5F7**