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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Park Place Capital Management, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Crystal Airriess

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

833 East Michigan Street, Suite 1800

Address

Milwaukee, Wisconsin 53202

City/State and Zip code

cairriess@gklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Airriess

414

273-3500

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.*

1. Park Place Capital Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin 3. 39-1520292
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/6/1985 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11270 W. Park Place, Suite 1050, Milwaukee, Wisconsin 53224
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

James M. Halpin James M. Halpin - Assistant Secretary
(Registered agent's signature)

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.

A. DIRECTORS.

Address:

Address:

Address:

Address:

Address:

Address:

Secretary:

Address:

Treasurer:

Address:

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. William M. Perry, President

13.

(Typed or printed name and capacity of person signing application)

Park Place Capital Management, Inc.

Officers and Directors

Sole Director

Name	Address
William M. Perry	11270 W. Park Place, Suite 1050 Milwaukee, Wisconsin 53224

Officers

Title	Name	Address
President	William M. Perry	11270 W. Park Place, Suite 1050 Milwaukee, Wisconsin 53224
Executive Vice President	Lee A. Ford	11270 W. Park Place, Suite 1050 Milwaukee, Wisconsin 53224
Vice President	Kathleen A. Dougherty-Klein	11270 W. Park Place, Suite 1050 Milwaukee, Wisconsin 53224
Treasurer	William M. Perry	11270 W. Park Place, Suite 1050 Milwaukee, Wisconsin 53224
Secretary	William M. Perry	11270 W. Park Place, Suite 1050 Milwaukee, Wisconsin 53224