# L22000129601

(	Requestor's N	lame)	
<del></del>			
(	Address)		
	Address)	<u> </u>	
V	. (000)		
	City/State/Zip/	(Phone #)	
PICK-UP	□ w	AIT	MAIL MAIL
(	Business Enti	ty Name)	
<del></del>	Document Nu	mber)	
(	Document 14a	inber)	
Certified Copies	Cer	tificates of St	atus
Special Instructions to	Filing Officer:		
	•		
•			
:			
			_

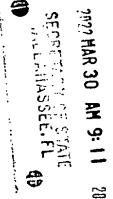
Office Use Only



500384603875

03/31/22--01002--001 \*\*100.00

03/28/22--01004--014 \*\*25.00



H 9: 11 2022 KAR 28 FH 2: 53

il 3/30/

### GAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BillyJean, LLC			
	· · · · · · · · · · · · · · · · · · ·		
····			
			Art of Inc. File
	· -		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Arr. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
		<del>-</del> -	Driving Record
Requested by:			UCC 1 or 3 File
Nama	Data	Time	UCC 11 Search
Name	Date	THOC	UCC 11 Retrieval
Walk-In		·	Courier



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2022

CAPITAL CONNECTION

SUBJECT: BILLYJEAN, LLC Ref. Number: W22000040770

We have received your document for BILLYJEAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$100.00

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 722A0000739\$

www.sunbiz.org

## FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 MAR 30 AM 9: 11

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE

BillyJean, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

City

The mailing address and street add <u>Principal</u>	Office Address:		Mailing Address:
N22 W28656 Louis Av	e.	N22 V	W28656 Louis Ave.
Pewaukee, WI 53072		Pewar	ukee, WI 53072
The name and the Florida street ad	0 0	ent are:	
	Gregory L. Urbancic N	lame	<del>_</del>
	4001 Tamiami Trail N.,	Suite 300	
	Florida street address (F	O. Box NOT acc	ceptable)
	Naples	Florida	34103

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 certificate, 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 relating to the proper and complete performance of my duties, and ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	William Perry Halquist Jr.
· · · · · · · · · · · · · · · · · · ·	N22 W28656 Louis Avc.
	Petvaukce, WI 53072
	<b>7</b> . 3
	<u> </u>
	1 March
(Use attachment if necessary)	71
· · · · · · · · · · · · · · · · · · ·	ا الله الله الله الله الله الله الله ال
EV: Effective date, if other than the da	tte of filling: (OPTIONAL)
ective date is listed, the date must be s	specific and cannot be more than five business days prior to 8790 da
*===	
of filing.)	t mont the applicable state and City to the control of the city to
of filing.) The date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block does not ment's effective date on the Department.	t meet the apolicable statutory filing requirements, this date will not be at of State's records.
of filing.) The date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be not of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be at of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department.	t meet the apolicable statutory filing requirements, this date will not be at of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department. E.VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will not be at of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be not of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department. E.VI: Other provisions, if any.	nt of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REQUIRED SIGNATURE:	at of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a not the Department is executed in this document is executed in this document is executed.	member or an authorized representative of a member
of filiag.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a not the Department is executed in the provisions of the provisions	member or an authorized representative of a member could in accordance with section 605.0203 (1) (b). Florida Statutes. Use information submitted in a document to the Department of State
of filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOLHRED SIGNATURE:  Signature of a not the Department is executed in the provisions of the provisions	member or an authorized representative of a member cruted in accordance with section 605.0203 (1) (b). Florida Statutes
of filing.)  The date inserted in this block does not ment's effective date on the Department. E. VI.: Other provisions, if any.  REOURED SIGNATURE:  Signature of a many fall and any fall any fall and any fall any fall any fall any fall and any fall any fall any fa	member or an authorized representative of a member canded in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State rece fellowy as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Cnpv (Ontional)
\$ 5.00 Certificate of Status (Ontlonal)

ARTICLE IV-