

M040000002310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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~~M0421458~~

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04 JUN 2004
SECURITY
MILITARY

APR 2004

UB
6-15-04

Sparrow Communities, LLC
1545 Arboretum Drive, #233
Oshkosh, Wisconsin 54901
1-920-303-0127 or 1-920-203-0085

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

Enclosed you will find an application, certificate from the State of Wisconsin, designation of registered agent and a check for \$160.00 for fees that will allow Sparrow Communities, LLC to transact business in the State of Florida.

Please contact me if you need further information. Thank you for your attention and consideration.

Sincerely yours,

Kathleen Lynch
Kathleen Lynch

AND
FILED
04 JUN 14 PM 2:48
SECTION OF CLERK
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 3, 2004

KATHLEEN LYNCH
SPARROW COMMUNITIES, LLC
1545 ARBORETUM DR, #233
OSHKOSH, WI 54901

SUBJECT: SPARROW COMMUNITIES, LLC
Ref. Number: W04000021458

We have received your document for SPARROW COMMUNITIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4200.00.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 804A00038119

04 JUN 14 PM 2004
FILE
AND

Sparrow Communities, LLC
9504 Laura Lane
Winneconne, Wisconsin 54986
1-920-582-0142

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

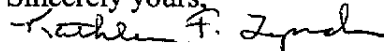
Subject: Sparrow Communities, LLC
Ref. Number: W04000021458

I would like to make a correction on the application For Sparrow Communities, LLC to be authorized to transact business in the State of Florida. I misunderstood the date first transacted business in Florida. It should be no date as yet. We have never collected any money in the name of Sparrow Communities, LLC in the State of Florida, We went to the bank in 2000 wishing to set-up a bank account in the name of Sparrow Communities, LLC and they told us we had to be authorized by the State of Florida. We are planning a trip to Florida in July and hope that Sparrow Communities will be authorized to transact business in the State of Florida so that we can set-up a bank account.

I have moved on June 2, 2004 and the address for Sparrow Communities, LLC is now:
9504 Laura Lane, Winneconne, WI 54986. This address change has been communicated to the State of Wisconsin.

Thank you for your attention.

Sincerely yours,



Kathleen F. Lynch
Managing Member

04 JUN 15 PM 2:49
RECEIVED
TALLAHASSEE, FL 32314

et 11-6-06
4/1/any & Burke
6-9-04

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Sparrow Communities, LLC
(Name of foreign limited liability company)
2. State of Wisconsin
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 39-1987502
(FEI number, if applicable)
4. February 25, 2000
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. No Date
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1545 Arboretum Dr. # 233
Oshkosh, Wisconsin 54901
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Kathleen Lynch, Managing Member
9504 Laura Lane
Winneconne, Wisconsin 54986
1-920-582-0142

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Apartment
ownership

Kathleen Lynch
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
KATHLEEN Lynch
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sparrow Communities, LLC

2. The name and the Florida street address of the registered agent and office are:

Brian M. Lynch

(Name)

104 East Indian Crossing Circle

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Jupiter

FL

33458

(City/State/Zip)

04 JUL 14 PM 2:18
SECRETARY OF
TALLAHASSEE

AND
FILE

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Brian M. Lynch

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that;

SPARROW COMMUNITIES, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is February 25, 2000.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 25, 2004.

A handwritten signature in black ink, appearing to be "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To Validate the authenticity of this certificate

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

Enter this code: **3743-AC1DC824**