# m0500000620

	Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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SECRETARY OF STATE

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MLG CAPITAL/FOUNTAI	INS LLC		
(	Name of Limited Liability Company)		
• • • • • •	n Limited Liability Company for Authorization of the check are submitted to register the above references in Florida		
Please return all correspondence cond	cerning this matter to the following:		
ANDRE	W C TESKE		
-	(Name of Person)		
MLG COMMERCIAL LLC			
	(Firm/Company)	7 1 1 1 1 1 1 1 1	
13400 BISHOPS LANE, SU	IITE 100	105 JAN 3 ECRETAR)	11
	(Address)	RY SEE	1.23km
BROOKFIELD, WI 5	3005	P R. OF STATE	コフ
	(City/State and Zip Code)		
For further information concerning th	is matter, please call:	_	
NANCY PFEIFER	at ( <sup>262</sup> ) <sup>797-9400</sup>		
(Name of Perso		none Number)	
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314	4	
Enclosed is a check for the following	amount:		
<b>☑</b> \$125.00 Filing Fee □ \$130.00	0 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Certificate of Status Certified Copy	Filing Fee, Certificate of Status & Certified C	Сору

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	MLG CAPITAL/FOUNTAINS LLC (Name of Foreign Limited Liability Company)
٠,	STATE OF WISCONSIN  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-2185000  (FEI number, if applicable)
4.	JANUARY 18, 2005  (Date of Organization)  5. DECEMBER 31, 2017  (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	13400 BISHOPS LANE, SUITE 100
	BROOKFIELD, WI 53005
	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:  MLG CAPITAL 2005 LLC
	13400 BISHOPS LANE, SUITE 100
	BROOKFIELD, WI 53005
he ra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)
l 1	. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE
	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.)  ANDREW C TESKE, VICE PRESIDENT

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.

The name of the Limited Liability Company is:  MLG CAPITAL/FOUNTAINS LLC
2. The name and the Florida street address of the registered agent and office are:
Susan Fleming Bennett, Esquire
(Name)
c/o Stearns Weaver Miller Weissler Alhadeff & Sittateon, P.A. 401 E. Jackson Street, Suite 2200
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
· · · · · · · · · · · · · · · · · · ·
Tampa FI 33602
Tampa FL 33602
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, Florida Statutes.
Jusan Henring Bennett, Esquire  (Signatula)  SUSAN FLEMING BENNETT, ESQUIRE

\$ 100.0	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.0	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

#### MLG CAPITAL/FOUNTAINS 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 January 18, 2005.

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.

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IN TESTIMONY WHEREOF, I have hereusic set my hand and affixed the official seal of the Department on January 20, 2005

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 custodian 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:

9355-71E2C369