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(Re	questor's Name)	
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SECRETARY OF STATE AND STORE OF CORPORATION OF CORPORATION OF CORPORATION OF THE PROPERTY OF T

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MLG/Ortega Marina LLC		
(Name of	Limited Liability Company)	
	d Liability Company for Authorization to Transact B are submitted to register the above referenced foreign ida	
Please return all correspondence concerning the	his matter to the following:	
Andrew C. Teske)	
	(Name of Person)	
MLG Commercial LLC		20 101710 12
	(Firm/Company)	S JUL
13400 Bishops Lane, Suite 100		SION OF CORPORATION SION OF CORPORATION JUL 13 PH 12: 38
	(Address)	Y OF STALL OBEPORATION OF PH 12:
Brookfield, WI 53005		7.7 (F.3.4) 2: 38
	ty/State and Zip Code)	***
For further information concerning this matter		
Nancy Pfeifer	at (²⁶²) ⁷⁹⁷⁻⁹⁴⁰⁰	
(Name of Person)	(Area Code & Daytime Telephone Number	r)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fe		ertificate ertified Copy

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. MLG/Ortega Marir						_
	(Name of Fore	•	ability Company)			
Wisconsin		3.	20-2394002			_
(Jurisdiction under the company is organize	ne law of which foreign limit d)	ed liability	(FEI	number, if applicable)		_
February 16, 2005	5	5.	Permetus	. 1		
(Date	of Organization)		(Duration: Year li exist or "perpetua	ut mited liability company v l")	vill cease to	_
w:11 .	(Date first transacted by	J. Flar	ida, if prior to registr	to registration	<u> </u>	
	(See sections 608.501 &	608.502 F.S.	to determine penalty l	liability)	95	Βĕ
13400 Bishops La	ne, Suite 100				نے ا	Sign
·						- स्ट <u>ा</u>
Brookfield, WI 530					ω	_ 🖂
	(Str	reet Address o	f Principal Office)		3 PM 12: 38	CORPORATIONS
. If limited liabilit	y company is a manage	r-managed o	company, check he	ere 🗌	₩.	S
,	sual business addresses		ging members or i	managers are as follow	ws:	- -
13400 Bishops L	ane, Suite 100					_
Brookfield, WI 53	005					_
ne jurisdiction under the anslation of the certific	nal certificate of existence, no relaw of which it is organized. ate under oath of the translator tess or purposes to be co	(A photocopy must be submi	is not acceptable. If the itted.)	e certificate is in a foreign	-	cord:
				(_•
	Anguar .					
	Signature of a memb (In accordance with section an affirmation under the pe	608.408(3), F.S	s, the execution of this	document constitutes		
	Andrew C. Teske, Vice	President				
	Турес	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.

nd the Florida street address of the	he registered agent and office are:	الد 50
Terry A. Moore, Esquire		13
	(Name)	
50 North Laura Street, Suite 2500	0	PM 12:
Florida Street Address	(P.O. Box <u>NOT</u> ACCEPTABLE)	<u>သ</u>
Jacksonville,	FL 32202	
	Terry A. Moore, Esquire 50 North Laura Street, Suite 250 Florida Street Address	(Name) 50 North Laura Street, Suite 2500 Florida Street Address (P.O. Box NOT ACCEPTABLE)

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.

Clery (Drom
(Signature)

1. The name of the Limited Liability Company is:

\$ 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

MLG/ORTEGA MARINA 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 February 16, 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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 18, 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:

13489-2A0B892B