

M08000001151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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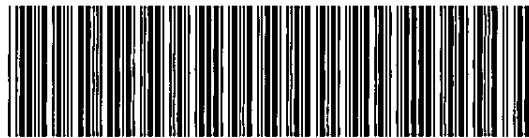
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
08 MAR -6 PM 4:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR -6 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 11 2008

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662, TALLAHASSEE, FL 32302
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
PHONE: (850) 216-0457 / FAX: (850) 216-0460

FILED
08 MAR '06 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 3/6/2008

NAME: APPLETON GROUP LLC

**TYPE OF FILING: APPLICATION TO TRANSACT
BUSINESS**

COST: \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL / ABBIE HODGE

*Please retain original
file date.*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2008

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: APPLETON GROUP, LLC
Ref. Number: W08000012083

FILED
08 MAR -6 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for APPLETON GROUP, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 608A00014234

Please retain original file date.

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:

FILED
08 MAR - 6 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. APPLETON GROUP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Appleton Group Management, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. WYOMING
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 02/09/2008
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. NO BUSINESS TRANSACTIONS YET
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4787 NEW BROAD ST ORLANDO FLORIDA 32814
(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:

<u>LISA SAVOURY</u>	<u>MEMBER/MANAGER</u>	<u>4787 NEW BROAD ST</u>	<u>ORLANDO</u>	<u>FL 32814</u>
<u>[REDACTED]</u>				
<u>[REDACTED]</u>				
<u>[REDACTED]</u>				
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: _____

PROPERTY MANAGEMENT AND MAINTENANCE

Lisa Savoury
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.)
LISA SAVOURY
Typed or printed name of signer

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Appleton Group, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Wyoming
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the a. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Appleton Group Management, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, LLC, or LLC)

Date: 3/7/08

Signature(s) of Manager(s) and/or Managing Member(s):

LISA SAVOURY

Lisa Savoury

**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:

APPLETON GROUP LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Appleton Group Management, LLC

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

Capitol Corporate Services, Inc.
(Name)

156 Office Plaza Dr., Suite A
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

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.

Gayle Winkle Gayle Winkle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.
(Signature)

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

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

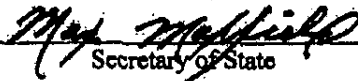
Appleton Group, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 9, 2008**, comply with all applicable
requirements of this office. Its period of duration expires **02/09/2038**. This entity has been assigned
entity identification number **2008-000507631**.

This entity is in existence and in good standing in this office and has filed all annual reports
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming
on this 6th day of March, 2008 at 1:41 PM. This certificate is assigned 002537920.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and
effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary
of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.