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Division of Corporations
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Account Name : QUARLES & BRADY LLP
Account Number : 120000000067
Phone : (239) 262-5959
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DCIP, LLC

Certificate of Status	0
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J. BRYAN
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EXAMINER

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Attorneys at Law in
Phoenix and Tucson, Arizona
Naples, Florida
Chicago, Illinois
Milwaukee and Madison, Wisconsin
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E-mail: sfb@quarles.com

May 28, 2008

VIA FAX - 850-205-0383

Florida Department of State
Division of Corporations
Tallahassee FL 32399

RE: DCIP, LLC

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida submitted on behalf of the above limited liability company. Also enclosed is a certificate of existence issued by the Wisconsin Department of Financial Institutions. The filing fees of \$125 should be charged to Quarles & Brady LLP's prepaid account.

Thank you for your assistance in this matter. If you have any questions, please call me at 414-277-5189.

Very truly yours,

Susan T. Lapinski
Corporate Paralegal

Enclosures
250269.00006

cc: Mr. Michael Sweet (w/encl - via email)
Steven R. Glaser, Esq. (w/encl - via email)

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**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. DCIP, LLC
(Name of Foreign Limited Liability Company)
2. WISCONSIN
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-2666628
(FEI number, if applicable)
4. MAY 5, 2008
(Date of Organization)
5. PERPETUAL
(Duration: Your limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. N19 W24130 RIVERWOOD DRIVE, SUITE 100, WAUKESHA, WI 53188
(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:

JEFFREY KEIERLEBER

N19 W24130 RIVERWOOD DRIVE, SUITE 100,

WAUKESHA, WI 53188

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: _____

REAL ESTATE INVESTMENTS


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.)

MICHAEL SWEET

Typed or printed name of signee

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**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:

DCIP, LLC

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

NAPLES-LAWDOCK, INC.

(Name)

1395 PANTHER LANE, SUITE 300

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

NAPLES

FL 34109-7874

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.

NAPLES-LAWDOCK, INC.

By: Susan Lapinski

(Signature)

Susan T. Lapinski, Assistant Secretary

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

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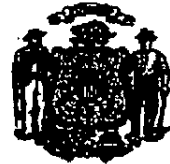
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United States of America
State of Wisconsin

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

DCIP, 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 May 5, 2008.

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 hereunto set
my hand and affixed the official seal of the
Department on May 28, 2008.



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.wdfl.org/apps/ccs/verify/>

Enter this code: 54035-CE5A18FF

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