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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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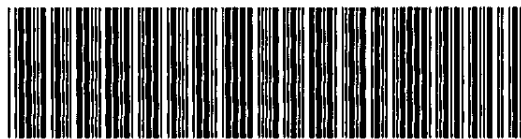
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WI-55589

J. BRYAN

DEC 14 2010

EXAMINER

John B. Whinrey
Garland W. Cravens, Jr.
David G. Harris
Mark A. McAnulty*
*Also licensed in Illinois, Kentucky and Missouri

**FRICK
POWELL** LLP
ATTORNEYS AT LAW

Bernard A. Frick
(1910 - 1967)
William D. Powell
(1927 - 1987)

November 23, 2010

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

Re: Fritz Sisters, LLC

To Whom It May Concern:

Enclosed please find an original and one copy of the following documents for filing with your office:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Designation of Registered Agent/Registered Office; and
4. Check in the amount of \$125 for the filing fee.

Please return a file-stamped copy of the documents in the enclosed self-addressed, stamped envelope as soon as possible. If you need any additional information to process this request, please contact David G. Harris at (812) 425-4687 ext. 311.

Sincerely,

FRICK POWELL LLP



Cindy J. Hollen, Assistant to David G. Harris
(812) 425-4687, Ext. 310
cindyh@frickpowell.com

cjh
Enclosures

\\Data\01 - Corporate\Fritz Sisters, LLC\Letters, memos, and indices\Ltr to Florida Department of State 11.23.2010.wpd

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**FRICK
POWELL** LLP
ATTORNEYS AT LAW

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December 7, 2010

Mr. Joey Bryan
Regulatory Specialist II
Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Fritz Sisters, LLC

Dear Mr. Bryan:

Pursuant to your request, enclosed please find the Certificate of Existence for the above-referenced corporation. I have also enclosed your letter dated November 30, 2010 for easy reference.

If you need any additional information to process this request, please contact me at the number below. Thank you for your assistance.

Sincerely,

FRICK POWELL LLP



Cindy J. Hollen, Assistant to David G. Harris
(812) 425-4687, Ext. 310
cindyh@frickpowell.com

cjh

Enclosures

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2010

CINDY J. HOLLEN
FRICK POWELL LLP
223 SE SECOND STRET
EVANSVILLE, IN 47706-1200

SUBJECT: FRITZ SISTERS, LLC
Ref. Number: W10000055589

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FRITZ SISTERS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 910A00027825

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fritz Sisters, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

David G. Harris

Name of Person

Frick Powell LLP

Firm/Company

P.O. Box 1200

Address

Evansville, IN 47706-1200

City/State and Zip Code

davidh@frickpowell.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David G. Harris at (812) 425-4687 Ext. 311

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Fritz Sisters, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Wisconsin

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 27-3510892

(FEI number, if applicable)

4. 09/15/2010

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. After registration

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. N 29474 County Road D

Blair, WI 54616

(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:

Mary Ann Nichols, Member, N 29474 County Road D, Blair, WI 54616

Sarah J. Hunt, Member, 7 N 982 Cloverfield Dr., St. Charles, IL 60175

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: Own and manage
real estate (condominium)

Mary Ann Nichols

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. I am aware that any false information submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mary Ann Nichols

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

Fritz Sisters, LLC

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

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

David Fritz

(Name)

7549 Woodland Bend Cir

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

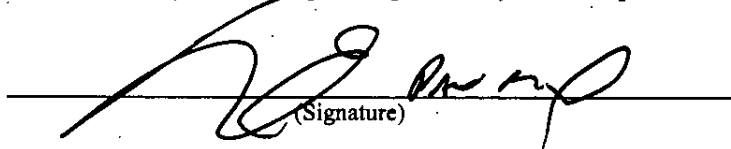
Ft. Myers

FL 33912

City/State/Zip

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TALLAHASSEE, FLORIDA

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.


(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

FRITZ SISTERS, 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 September 10, 2010.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 12, 2010.

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 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: **84468-BF447B4C**