

M11000005686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

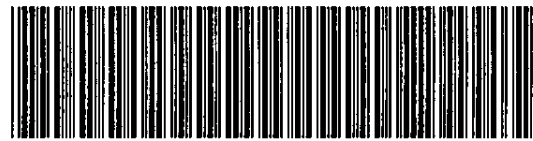
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

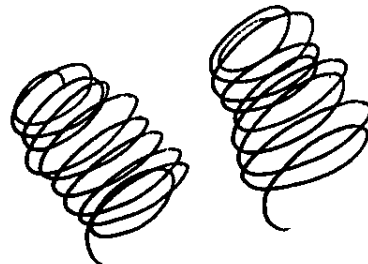
Office Use Only  
**G. MCLEOD**

NOV 10 2011

**EXAMINER**



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11/09/11--01014--008 \*\*130.00



**FILED**  
11 NOV -9 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FEDERAL EXPRESS REQUEST**

**DATE: 11/7/11**

**Kathy,**

**Please send the attached via Federal Express next day service is fine to:**

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

**This is is not a residence**

Phone number: (850) 245-6051

**Client Name: Ludlum, LLC**

**Client Number: 60140.33120**

**THANK YOU :> :>)**

**TERESA**



JOHNS, FLAHERTY & COLLINS, SC

November 8, 2011 *Good neighbors. Great lawyers.*

600 Exchange Building  
205 5th Avenue South  
P.O. Box 1626  
La Crosse, WI 54602-1626

Phone: 608-784-5678

Fax: 608-784-0557  
Prairie du Chien  
Phone: 608-326-2475  
E-mail:  
general@johnsflaherty.com  
Web: www.johnsflaherty.com

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\*\* Admitted to the  
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Kansas Bar &  
Bar of the  
Commonwealth  
of the Northern  
Mariana Islands

\*\*\* Fluent in Spanish

**SENT VIA FEDERAL EXPRESS**

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

**Re: Ludlum, LLC**

To Whom It May Concern:

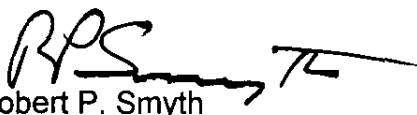
Enclosed please find the following:

1. Cover letter.
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
3. Copy of the Sole Member and Manager meeting minutes dated November 4, 2011.
4. Certificate of Designation of Registered Agent/Registered Office.
5. Certificate of Status issued by the Wisconsin Department of Financial Institutions.
6. Check in the amount of \$130 for the filing fee and the Certificate of Status.

Please file the Application and return the Certificate of Authority and a Certificate of Status in the enclosed, self-addressed stamped envelope. Should you have any questions, please contact me.

Very truly yours,

**JOHNS, FLAHERTY & COLLINS, S.C.**

  
Robert P. Smyth

RPS/tmn

Enclosures

E-mail: [bob@johnsflaherty.com](mailto:bob@johnsflaherty.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ludlum, 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:

Attorney Robert P. Smyth

Name of Person

JOHNS, FLAHERTY & COLLINS, S.C.

Firm/Company

600 Exchange Bldg., 205 5th Avenue South

Address

La Crosse, WI 54601

City/State and Zip Code

bob@johnsflaherty.com

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

For further information concerning this matter, please call:

Attorney Robert P. Smyth

Name of Person

at ( 608 )

784-5678

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. Ludlum, LLC

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

Ludlum Farms, 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. \_\_\_\_\_

(FEI number, if applicable)

4. 10/19/11

(Date of Organization)

5. Perpetual

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

6. N/A

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

7. 450 Losey Court Lane

La Crosse, WI 54601

(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:

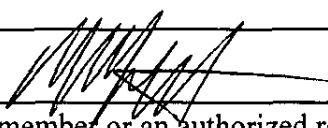
Philip M. Gelatt

450 Losey Court Lane

La Crosse, WI 54601

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: horse farm

  
\_\_\_\_\_  
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.)

Philip M. Gelatt, Manager

Typed or printed name of signee

FILED  
11 NOV -9 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WRITTEN CONSENT IN LIEU OF SPECIAL MEETING OF THE  
SOLE MEMBER AND MANAGER OF  
LUDLUM, LLC**

**NOVEMBER 4, 2011**

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The undersigned, being all the sole member and manager of Ludlum, LLC, a Wisconsin limited liability company, with its registered office in La Crosse, Wisconsin, pursuant to Chapter 183 of the Wisconsin Statutes, does hereby consent to the following resolution in lieu of a special meeting of the member and manager:

**RESOLVED:** That if the name, Ludlum, LLC, is not available in the State of Florida, the name, Ludlum Farms, LLC, be adopted as the alternate name of the limited liability company in the State of Florida.

Dated this 4th day of November, 2011.

  
\_\_\_\_\_  
Philip M. Gelatt, Sole Member and Manager

**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:

Ludlum, LLC

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

Ludlum Farms, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

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.*

C T CORPORATION SYSTEM

BY: 

(Signature)

**Michele Miller**  
**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) |

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, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**LUDLUM, 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 October 19, 2011.

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 October 28, 2011.

A handwritten signature in cursive script that reads 'Paul M. Holzem'.

PAUL M. HOLZEM, Administrator  
Division of Corporate and 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: 98195-5F87FA13