

# M11000006398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

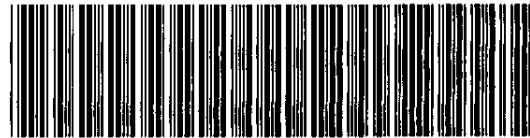
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
DEC 22 2011



Reinhart Boerner Van Deuren s.c.  
P.O. Box 2265  
Waukesha, WI 53187-2265

N16 W23250 Stoneridge Drive  
Suite 1  
Waukesha, WI 53188

Telephone: 262-951-4500  
Facsimile: 262-951-4690  
[reinhartlaw.com](http://reinhartlaw.com)

December 16, 2011

Lynn T. Werther  
Direct Dial: 262-951-4586  
[lwerther@reinhartlaw.com](mailto:lwerther@reinhartlaw.com)

CERTIFIED MAIL RETURN  
RECEIPT REQUESTED

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

Dear Sir or Madam:

Re: Registration of Foreign Limited Liability  
Companies  
Gorman Employee Group 5, LLC and  
Gorman Employee Group 6, LLC

I am enclosing the following to be filed:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Gorman Employee Group 5, LLC, the Cover Letter and the Certificate of Designation of the Registered Agent and Office;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Gorman Employee Group 6, LLC, the Cover Letter and the Certificate of Designation of the Registered Agent and Office;
3. A good standing certificate for each of the companies; and
4. Our check in the amount of \$250 to cover the cost of both filings.

Please return filed stamped copies to me in the envelope provided. Thank you.

*Yours very truly,*  
A handwritten signature in black ink, appearing to read "Lynn T. Werther", is written over the typed name.

Lynn T. Werther  
Paralegal

REINHART\8123617LTW:JD

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gorman Employee Group 5, 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:

Lynn T. Werther

Name of Person

Reinhart Boerner Van Deuren s.c.

Firm/Company

N16 W23250 Stone Ridge Drive

Address

Waukesha WI 53188

City/State and Zip Code

lwerther@reinhartlaw.com

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

For further information concerning this matter, please call:

Nicole Solheim

Name of Person

at ( 608 ) 835-3900

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. Gorman Employee Group 5, 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. n/a

(FEI number, if applicable)

4. 11/29/2011

(Date of Organization)

5. perpetual

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

6. upon filing

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

7. 200 North Main Street, Oregon WI 53575

(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:

Gorman & Company, Inc. Member/Manager      200 North Main Street, Oregon WI 53575

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 development

  
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.)

Gorman & Company, Inc. By : Gary J. Gorman, President

Typed or printed name of signee

FILED  
11 DEC 21 PM 12:10  
SECRETARY OF STATE  
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:

Gorman Employee Group 5, 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:

Corporation Service Company

(Name)

1201 Hays Street

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.*

Corporation Service Company

By: 

(Signature)

Dawn Frantz, Asst. 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

**GORMAN EMPLOYEE GROUP 5, 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 November 29, 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 December 13, 2011.

A handwritten signature in black ink 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: **99762-2DBA0EFA**