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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	•			
SUBJ	JЕСТ:	- Rapto	of Limited Liability Company	y	
				n to Transact Business in Florida,' liability company to transact busin	
Please	e return all correspondence co	oncerning this matter	r to the following:		
		Janelle	LarSon Name of Person		
		JL Ray	ptor LLC Firm/Company		
	 		Firm/Company		
		6211 W	ashington Cir	cle	
		·	Address		
	h	larwatos	4 WI 532 City/State and Zip Code	13	
			,		
	, 		Smilwaukel. Co		•
For fu	urther information concerning	·	•	······, ,	
	l \	•	at (414) Area Code & Daytime Tele	803 - 50 42 ephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	R C 20	TREET ADDRESS: Division of Corporations Legistration Section Clifton Building 661 Executive Center Circle Callahassee, FL 32301		
		ollowing amount: \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certification of Status & Certified Copy	te



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2012

4)

JANELLE LARSON 6211 WASHINGTON CIRCLE WAVWATOSA, WI 53213

SUBJECT: JL RAPTOR LLC Ref. Number: W12000026101

We have received your document for JL RAPTOR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6051.

Letter Number: 512A00014024

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 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.") State of Wisconsin 3. 45-4898221
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: 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.)

- Carelle Charso

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.)

Typed or printed name of signee

11. Nature of business or purposes to be conducted or promoted in Florida: Kental

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:
JL Rapte 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:
Crae Clements (Name)
27-195 Belle Rio DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE)
Bonita Springs FL 34135 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.

(Signature)

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

FILED

12 HAY 23 PM 3: 22

SECRETARY OF STATE

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

JL RAPTOR, 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 March 27, 2012.

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 May 3, 2012.

Paul M. Holem

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: 105669-0D90126E