Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for force annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company FLAGSHIPSAILSRX, LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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J. SAULSBERRY EXAMINER

SEP 20 2012

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9/19/2012

PAGE 01/05

CT CORPORATION

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COVER LETTER

	egistration Section vision of Corporations		
SUBJECT:	FlagshipSoilsRx, LLC		
4 - * · · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company		
Existence, an	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer and check are submitted to register the above referenced foreign limited liability company to transact business		
Please return	m.sll correspondence concerning this matter to the following:		
	Thomas Leu		
te. n. c.	Name of Person		
	FlagshipSailsRx, LLC		
	Firm/Company		
	N19 W24400 Riverwood Drive, Suite 275		
	Address	~	
	Waukesha, WI 53188	2012 SEP	
	City/State and Zip Code	T	
	Üea@issrxicom SSS	19	
	E-mail address: (to be used for future annual report notification)		
For further in	E-mail address: (to be used for future annual report notification)	M 9: 32	S
Thor	omas Leu at (262) 696-3678	32	
	Name of Porson Area Code & Daytime Telephone Number		
Dîyi Rogi P.Ö.	AILING ADDRESS: Vision of Corporations Sistration Section Box 6327 Cliffon Building. Ilahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Cliffon Building. 2661 Executive Center Circle Tailahassee, FL 32301		
	is a check for the following amount: 25:00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & }\bigcup \text{\$155:00 Filing Fee & }\bigcup \text{\$160.00 Filing Fee, Certificate of Status}\$ Certified Copy		

PLOST - (n/05/2010 ft T Systolo Outro-

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 FlagshipSailsRx; LLC	
(Name of Fereign Chnited 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 consent of the managers or managing members adopting the alternate name. The alternate name must incl. Company," "L.L.C," "LLC.")	attach a copy of the written jude "Limited Liability
2. Wisconsin 3, 27-3540535	
(Inrisdiction under the law of which foreign limited liability (EEI number, if applica company is organized)	ble)
4. 09/22/2010 5, perpetual	
(Date of Organization) (Duration: Year limited liability comexist or "perpetual")	pany will cease to
September 1,2012	78
(Date first transacted business in Florida, if prior to registration.) (See sections 608:501 & 608.502 F.S. to determine penalty fiability)	Z SE
7. NI9 W24400 Riverwood Drive, Suite 275	AS T
Waukęśha, WI 53188	7.33 7.00 7.00 7.00 7.00 7.00 7.00 7.00
(Street Address of Principal Office)	- C S
8. If limited liability company is a manager-managed company, check here	M 9: 32
9. The name and usual business addresses of the managing members or managers are as	
Jeffrey Zavada, N19 W24400 Riverwood Drive, Suito 275 Waukesha, WI. 53188	
Timothy Lacy N19 W24400 Riverwood Drive, Suite 275: Waukesha, WI 53188	,
William McGuire N19 W24400 Riverwood Drive, Suite 275 Wankesha, WI 53188	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official life jurisalicion, under the law of which it is organized. (A photocopy is not acceptable. If the pertificate is in 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: Sales outsour	reing and consulting
	;
John 1	
Signature of a member or an anthorized representative of a memb	er.
(In accordance with section 908.408(2), P.S., the effection of this document constitutes an affirmation of penalties of perjury that the facts stated herein are true. I am aware that any false information of document to the Department of State constitutes a third degree felony as provided for in Joffrey Zavada	submitted in a
Typed or printed name of signee	

Bis057 - 10/03/2010 C/T Symain Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT 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.

FlugshipSai	lsRx, LLC.			
If unavaila	ible, the alternate to be used	in the state of Florida is:	Pape ***	***
2. The nat	me and the Florida street ad	dress of the registered agent and office		
	CT Corporation System		SECRE	2012 SEP 19
	1200 South Pine Island Ro	(Namo)	1 1	-
Florida Street Address (P.O. Bex: NOT ACCEPTABLE)			<u> </u>	A
	Plantation	FL 33324 City/State/Zip	RIUA (: 32

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.

By: Ruecca Barth

(Signature)

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

FL957 - 10/05/2019 CT System Colline

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:

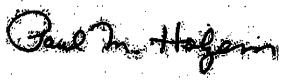
I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

FLAGSHIPSAILSRX, 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 22, 2010.

I further certify that said corporation or limited liability company has, within its most recently completed repert year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 18, 2012.



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:

111390-AFD2E1C4

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