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# Foreign Limited Liability Company SOUTHERN VILLAS MM, LLC

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDAL SSEE, F

In compliance with Section 605.0902, Florida Statutes, the following is submitted to register a foreign limited liability company to transact business in the State of Florida:

- 1. The name of the foreign limited liability company is: Southern Villas MM, 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." or "LLC"):
- 2. The foreign limited liability company was organized in (State or Jurisdiction): State of Wisconsin
- 3. The Federal Employer Identification Number (if applicable) of the foreign limited liability company is: (applied for)
- 4. The date of organization of the foreign limited liability company is: November 21, 2013
- 5. The duration of the foreign limited liability company is: perpetual
- The date the foreign limited liability company first transacted business in Florida is: the date upon
  which this Application for Authorization to Transact Business in Florida is filed with the Florida
  Department of State.
- 7. The street address of the principal office is: 200 North Main Street, Oregon, WI 53575
- 8. The foreign limited liability company is manager-managed.
- 9. The name and usual business address of the manager are as follows:

Gorman Employee Group Southern Villas, LLC 200 North Main Street
Oregon, WI 53575

10. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business permitted in the state of Florida.

11. 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. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).

Southern Villas MM, LLC

By: Gorman Employee Group Southern Villas, LLC, Manager

By: Gorman & Company, Inc., Manager

Signature of Member or an authorized

representative of a Member.

Joyce Wuetrich, Corporate Secretary

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902(1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: Southern Villas MM, LLC

If unavailable, the alternate name to be used in the state of Florida is: n/a

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 605, Florida Statutes.

ر , Registered Agent

Rebecca Barth, Assistant Secretary CT Corporation System

## 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, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### SOUTHERN VILLAS MM, 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 21, 2013.

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 February 14, 2014.

Faul M. Holam

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:

132649-SEC0EE64