

M14 00 0007460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

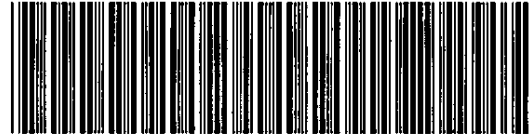
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400262356024

08/05/14--01003--001 \*\*130.00

FILED  
14 OCT 15 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

130 01 0 2014

7571



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2014

RANDAL WOYAK  
1540 BROOKHAVEN WAY  
PLOVER, WI 54467

SUBJECT: THE PALMS ON PALERMO, LLC  
Ref. Number: W14000047752

We have received your document for THE PALMS ON PALERMO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00016739

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE PALMS OF PALERMO, 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:

RANDAL WOYAK  
Name of Person

THE PALMS OF PALERMO, LLC  
Firm/Company

1540 BROOKHAVEN WAY  
Address

POVER, WI 54467  
City/State and Zip Code

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

For further information concerning this matter, please call:

RANDAL WOYAK at (715) 635-5486  
Name of Person 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

456-245-6030

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

IN COMPLIANCE WITH SECTION 605, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. THE PALMS ON PALERMO, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," "LLC.")

2. STATE OF WISCONSIN 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/12/2014 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605, F.S. to determine penalty liability)

7. 1750 ESTERO BLVD  
FORT MYERS BEACH, FL 33931  
(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:

RANDAL T WYAK  
1510 BLODKNAMEN WAY  
PORTER, WI 54467

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: \_\_\_\_\_

RENTAL VACATION HOME

Randal T Wyak  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RANDAL T WYAK  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 15 PM 3:55

**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.

1. The name of the Limited Liability Company is:

The Palms on Palermo, 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:

Judith Lee Hemstreet  
(Name)

1750 Estero Blvd

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

Fort Myers FL 33931

City/State/Zip

14 OCT 15 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
(Signature)

- ☒ \$ 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, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**THE PALMS ON PALERMO, 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 April 12, 2014.

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 July 28, 2014.

*George Petak*

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

FILED  
14 OCT 15 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.wdfl.org/apps/ccs/verify/>

Enter this code: **140575-C22B3B0C**