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PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

Existence, and cl		iability Company for Authorization to Transact Business in Floride above referenced foreign limited liability company to transact be	to " Cartificate of
Please return all		above reserved foreign minico habitity company to dansact of	
	correspondence concerning this n	matter to the following:	
	Eric Schlueter		
		Name of Person	
	E&A Ventures,	, LLC	
		Firm/Company	
	6875 49th Stre	eet N	
		Address	_
	Pinellas Park, I	FL 33781	
		City/State and Zip Code	
í	eric@storagem	nart.biz	
-		ess: (to be used for future annual report notification)	_
For further inform	mation concerning this matter, ple	ease call:	
Eric	Schlueter	804 873-6010	
	Name of Contact Person	Area Code Daytime Telephone Number	
Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ix 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2015

ERIC SCHLUETER 6875 49TH STREET N PINELLAS PARK, FL 33781

SUBJECT: E&A VENTURES, LLC Ref. Number: W15000009263

15 FEB 20 AH IO: 00

BUREAU DE COUNTERCIAL

We have received your document for E&A VENTURES, 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 315A00002615

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person
of EAA VENTUS 26. (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)
Signature Authorized Person Date
organium Authorizeu i erson Date

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

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:

POREIGN LIMITED LIABILITY COMPAINT TO TRAINSACT BUSINESS IN THE STATE OF PLORIDA.
1 E&A Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
E&A Ventures, FL, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC.")
2. Wisconsin 3. 20-1937595
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4400 S 13th Street
Milwaukee, Wi 53221
(Street Address of Principal Office)
6 6875 49th Street N
Pinellas Park, FL 33781 (Mailing Address)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Eric Schlueter - Manager
8. 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)
must be submitted)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
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.)

Eric Schlueter

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.

If unavailable, t	the alternate to be used in	the state of Florida is:	5 F1.11.
2. The name ar	nd the Florida street addres	es of the registered agent and office a	,
	Eric Schluete		70.2
		(Name)	
	6875 49th Street N Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Pinellas Park	33781	7.088 18
		City/State/Zip	
liability compan registered agent statutes relating	y at the place designated in and agree to act in this ca to the proper and complete	d to accept service of process for the on this certificate, I hereby accept the appacity. I further agree to comply with a performance of my duties, and I amagistered agent as provided for in Chap	ppointment as the provisions of all familiar with and

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

(Signature)

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

E&A VENTURES, 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 July 19, 2004.

I further certify that said corporation or limited liability company has, within its most recently completed report 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 February 16, 2015.

GEORGE PETAK, 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: 149244-DEB80A3C