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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Archer Vacation Properties, 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:

Ann Genet

**TO: Registration Section
Division of Corporations**

Name of Person

SUBJECT:

Firm/Company

8960 Clairton Ct

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.

Address

Please return all correspondence concerning this matter to the following:

Las Vegas NV 89117

City/State and Zip Code

nvparalegal@cox.net

**TO: Registration Section
Division of Corporations**

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

For further information concerning this matter, please call:

Ann Genet

702

838-4995

at ()

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.

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Please return all correspondence concerning this matter to the following:
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

**TO: Registration Section
Division of Corporations**

Enclosed is a check for the following amount:

For Filing Fee ☒ \$125.00

Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

For Filing Fee ☒ \$125.00

Filing Fee, Certificate

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:

1. Archer Vacation Properties, LLC
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wisconsin 3. 47-4140091
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

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:

5. 280 2nd St Dickeyville WI 53808
(Street Address of Principal Office)

6. 280 2nd St Dickeyville WI 53808

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Aubrey Dallen & Associates LLC

Name: _____

Office Address: 1260 Carlton Arms Circle Unit A

Bradenton, FL, Florida 34208

(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

7. Name and street address of Florida registered agent: (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert E. Wagner, Manager

Kathryn A. Wagner, Manager

9. Attached is a 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)

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; 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.)

Ann Ginet

Typed or printed name of signer

FILED
15 JUN 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARCHER VACATION PROPERTIES, 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 May 28, 2015.

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 June 18, 2015.

George Petak

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

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **155684-1B85FF57**