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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
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1001 W. Glen Oaks Lane, Suite 227 Mequon, WI 53092-3368

wwwl burnslaw.com

Additional office in Brookfield, WI ph J 262-240-9904 in last 262-240-9945 in email firm@burnslaw.com

August 28, 2015

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee. FL 32314

To Whom It May Concern:

Enclosed for filing with your office is an application for registration of VILLAS ON THE GREEN 802, LLC as a foreign limited liability company. We have enclosed the following relating to this registration:

- 1. Cover letter (in the form prescribed);
- Application For Foreign Limited Liability Company For Authorization To Transact Business In Florida, signed by the Company's Florida Registered Agent and the Company's sole Member/Manager;
- 3. A Certificate of Status from the Wisconsin Department of Financial Institutions, dated August 26, 2015; and
- 4. A check made payable to the Florida Department of State in the amount of \$130.00 to cover (i) the Application Filing Fee (\$100), (ii) Designation of Registered Agent (\$25), and (iii) Certificate of Status (\$5).

Please file these at your earliest convenience and return confirmation of registration and the Certificate of Status once filed. If you have any questions relating to this application or the registration of this limited liability company, please feel free to contact us at the Mequon address provided above or by e-mail to sburns@burnslaw.com. Thank you very much for your assistance with this registration.

Sincerely yours,

BURNS LAW OFFICES, S.C.

ິ່Scott G. Burns

Enclosure

COVER LETTER

TO:		ition Section of Corporation	s				
SUBJE		LAS ON THE C	REEN 802, LLC				
			Name of L	Limited Liability (Company		
			eign Limited Liability Compa I to register the above refere				
Please r	eturn all c	correspondence co	oncerning this matter to the f	following:			
		JULIA ILYASO	OVA				
			Na	me of Person			
Firm/Company							
11611 CANTERBERRY LANE							
				Address			
MEQUON, WI 53092							
			City/St	ate and Zip Code			
	j	uliailyasova@gn					
	_		E-mail address: (to be used	for future annual	report noti	fication)	
For furth	her inforn	nation concerning	this matter, please call:				
	SCOTT	G. BURNS		262 at (240-990)4	
		Name of	Contact Person	Area Code	Dayı	time 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					
Enclose		ck for the followi 00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

I. VILLAS ON THE GRI				
(Name of Fore VILLAS OTG 802, LLC	eign Limited Liability Company; must include "Lir	nited Liability Company," "L.L.C	:.," or "LLC.")	
	Iternate name adopted for the purpose of transactin	g business in Florida. The alterna	te name must include	e "Limited
2, WISCONSIN	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appli	cable)	
4	(Date first transacted business in Florida,	if prior to registration.)		
	(See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)		
5. 11611 CANTERBERF	RY LANE			
MEQUON, WI 53092				
	(Street Address of Principal Offic	e)		,
6. SAME AS STREET A	DDRESS	<u> </u>	<u> </u>	
<u></u>	(Mailing Address)		SECRETAR	emperatural de la companya de la com
7. Name and street addres	ss of Florida registered agent: (P.O. Box NO	T acceptable)	ARY ARY SSE	
Name:	KEVIN KENT			
Office Address:	303 ALICANTE DRIVE		2: I	
	JUNO BEACH	, Florida 33408		į
	(City)	(Zip cod	e)	*
this application, I hereby	gistered agent and to accept service of proce accept the appointment as registered agent a statutes relative to the proper and complete p ition as registered agent.	nd agree to act in this capaci	ty. I further agree	to comply
	(Registered agents s	gnature)		
8. The name, title or capa	acity and address of the person(s) who has/hav	e authority to manage is/are:		
	E MEMBER AND MANAGER	, J		
11611 CANTERBERRY	LANE			
MEQUON, W1 53092				
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in abmitted) Signature of an authorized.	n a foreign language, a translat		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de	Florida Statutes. I am aware th	at any false inform s.817.155, F.S.	ation
	JULIA ILYASOVA			

Typed or printed name of signee

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

VILLAS ON THE GREEN 802, 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 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 August 26, 2015.

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: 160969-54

160969-5422C756