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| (Re                     | equestor's Name)   |                 |  |  |  |
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| (Ad                     | ldress)            | <u> </u>        |  |  |  |
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| (Cit                    | ty/State/Zip/Phone | <del>?</del> #) |  |  |  |
| PICK-UP                 | WAIT               | MAIL            |  |  |  |
| (Ви                     | siness Entity Nan  | ne)             |  |  |  |
| (Document Number)       |                    |                 |  |  |  |
| Certified Copies        | _ Certificates     | of Status       |  |  |  |
| Special Instructions to | Filing Officer:    |                 |  |  |  |
|                         |                    |                 |  |  |  |
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SECRETARY OF STATE SECRETARY OF STATE AND ANALYSIA SEE. FLORIDA

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1001 W. Glen Oaks Lane, Suite 227 Mequon, WI 53092-3368

wwwl burnslaw.com

Additional office in Brookfield, WI

ph 262-240-9904

fax1 262-240-9945

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 730 BELLA VISTA COURT, 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 <a href="mailto:sburns@burnslaw.com">sburns@burnslaw.com</a>. Thank you very much for your assistance with this registration.

Sincerely yours,

BURNS LAW OFFICES, S.C.

Scott G. Burns

Enclosure

### ÇOVER LETTER

|             | Registration Se<br>Division of Cor  |                    | s  |                                    |  |   |  |
|-------------|---|--------------------|--|------------------------------------|--|---|--|
| SUBJEC      |   | A VISTA            | COURT, LLC   |                                    |  |   |  |
| SOBJEC      | · · · · · · · · · · · · · · · · · · ·   |                    | Name of  | Limited Liability                  | Company  |   |  |
|             |   |                    |  |                                    |  | ansact Business in Florida," C<br>y company to transact busine                |  |
| Please re   | turn all correspo   | ondence co         | oncerning this matter to the   | following:                         |  |   |  |
|             | JULIA   | LYASC              | OVA  |                                    |  |   |  |
|             |   | <del></del>        | N  | lame of Person                     |  |   |  |
|             |   |                    | F  | irm/Company                        |  |   |  |
|             | 11611 CANTERBERRY LANE  |                    |  |                                    |  |   |  |
|             |   |                    |  | Address                            |  |   |  |
|             | MEQU  | JON, WI            | 53092  |                                    |  |   |  |
|             |   |                    | City/S   | tate and Zip Code                  |  |   |  |
|             | juliailya   | isova@gm           | ail.com  |                                    |  |   |  |
|             | · · · · · · · · · · · · · · · · · · ·   |                    | E-mail address: (to be use   | d for future annual                | report not   | ification)  |  |
| For furthe  | er information co   | oncerning          | this matter, please call:  |                                    |  |   |  |
|             | SCOTT G. BUI  | RNS                |  | 262<br>at (                        | 240-990  | 04  |  |
| -           | ···   | Name of            | Contact Person   | Area Code                          | Day  | time Telephone Number   |  |
| ]<br>]<br>] | MAILING ADI<br>Division of Corp<br>Registration Sec<br>P.O. Box 6327<br>Tallahassee, FL | porations<br>ction |  |                                    | Division of<br>Registrati<br>Clifton B<br>2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |  |
|             | is a check for th<br>□ \$125.00 Filin   |                    | ng amount:  \$\Boxed{\text{\$\text{\$\text{\$\text{\$\text{B}}\$}}} \$130.00 Filing Fee & Certificate of Status} | □ \$155.00 Filin<br>Certified Copy | ng Fee &   | □ \$160.00 Filing Fee, Cert<br>of Status & Certified Copy                     |  |

## 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 730 BELLA VISTA CO   | OURT, LLC  |   |  |                                  |           |                    |                              |
|--|--|---|--|----------------------------------|-----------|--------------------|------------------------------|
| (Name of Fore  | eign Limited Liability   | Company; must include "I                                    | imited Liability Compa                                   | ny,'''L.L.C.,'                   | or "LLC   | .")                |                              |
| 730 BV COURT, LLC  |  |   |  |                                  |           |                    |                              |
| (If name unavailable, enter al<br>Liability Company," "L.L.C,"   | ternate name adopted " or "LLC.")                                      | for the purpose of transact                                 | ing business in Florida.                                 | The alternate                    | name mus  | st include         | "Limited                     |
| 2. WISCONSIN   |  | 3.  |  |                                  |           |                    |                              |
| (Jurisdiction under the law company is organized)  | of which foreign limit   | ed liability  | (FEI num   | ber, if applica                  | ble)      |                    |                              |
| 4  |  |   |  |                                  |           |                    |                              |
|  | (See sections 60   | nsacted business in Florida<br>5.0904 & 605.0905, F.S. t    | i, it prior to registration.<br>o determine penalty liab | .)<br>pility)                    |           |                    |                              |
| 5. 11611 CANTERBERF  | RY LANE  |   |  |                                  |           |                    |                              |
| MEQUON, WI 53092   |  |   |  |                                  | #15 cs    | 2                  | F1                           |
|  |  | et Address of Principal Off                                 | ice)   |                                  | ( C       | 2015               | -103                         |
| 6. SAME AS STREET A  | DDRESS   |   | <del></del>  |                                  |           | - 43S              | Without I                    |
|  |  |   |  |                                  | SS        | 1                  | Trans.                       |
|  |  | (Mailing Address)   |  |                                  |           | <u></u>            | m                            |
| 7. Name and street addres  | s of Florida registers   | ed agent: (P.O. Box. No                                     | OT accentable)   |                                  | E S       | TO                 |                              |
|  | KEVIN KENT   |   | <u>57</u> 4000ptao(0)                                    |                                  | SE        | 2<br>ان            | •                            |
| Name:  | -  |   |  |                                  | DE.       | ŭi.                | 1                            |
| Office Address:  | 303 ALICANTE D   | DRIVE   |  |                                  |           |                    | ••••                         |
|  | JUNO BEACH   |   | , Florida _  | 33408                            |           |                    |                              |
| Registered agent's accept  |  | (City)  | , , , , , , , , , , , , ,                                | (Zip code)                       |           |                    |                              |
| Having been named as reg<br>this application, I hereby<br>with the provisions of all s<br>the obligations of my posi | gistered agent and t<br>accept the appointm<br>statutes relative to th | nent as registered agent<br>he proper and complete<br>gent. | and agree to act in to<br>performance of my d            | his capacity.                    | I furthe  | r agree            | to comply                    |
|  |  | (Registered agent's   | signature)   |                                  | •         |                    |                              |
| 8. The name, title or capa   | city and address of t  | the person(s) who has/ha                                    | ive authority to mana                                    | ge is/are:                       |           |                    |                              |
| JULIA ILYASOVA, SOL  | E MEMBER AND   | MANAGER   |  |                                  |           |                    |                              |
| 11611 CANTERBERRY  | LANE   |   |  |                                  |           | <u> </u>           |                              |
| MEQUON, WI 53092   |  |   |  |                                  |           |                    |                              |
| 9. Attached is a certificate jurisdiction under the law of the translator must be su                                 | of which it is orga <del>nj</del> a                                    | re than 90 days old, duly zed. (If the confificate is       | in a foreign language                                    | official havi<br>, a translation | ng custon | dy of recentificat | cords in the<br>e under oath |
| This document is executed  | in accordance with   | section 605.0203 (1) (b)                                    | , Florida Statutes. I ar                                 | n aware that                     | any false | informa            | ation                        |
| submitted in a document to   | JULIA ILYASOVA   | •   | legree leiony as provi                                   | ueu for in s.8                   | 517.155,  | г.5.               |                              |

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

#### 730 BELLA VISTA COURT, 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 August 5, 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:

160967-3F77C9C2