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(Cit	y/State/Zip/Phone	e #)			
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(Document Number)					
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Additional office in Brookfield, WI

ph1 262-240-9904

tax1 262-240-9945

email! firm@burnslaw.com

Mequon, W1 53092-3368

April 20, 2016

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 807, LLC as a foreign limited liability company. We have enclosed the following relating to this registration:

- 1. Cover letter (in the form prescribed);
- 2. 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 April 21, 2016; 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

:O,T

Registration Section

Div	ision of Corporation	S						
SUBJECT:	VILLAS ON THE GREEN 807, LLC							
	Name of Limited Liability Company							
The enclosed Existence, an	l "Application by For ad check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certify company to transact business in	icate of Florida		
Please return	all correspondence c	oncerning this matter to the	following:					
	JULIA ILYASO	OVA						
	Name of Person							
	Firm/Company							
	11611 N. CANTERBERRY LANE							
Address								
	MEQUON, WISCONSIN 53092							
City/State and Zip Code								
	juliailyasova@gn	nail.com						
	E-mail address: (to be used for future annual report notification)							
For further in	formation concerning	this matter, please call:						
SC	OTT G. BURNS		262 at (240-990	04			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Div Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	check for the following 125.00 Filing Fee	ing amount: \$\Boxed{\Boxesian}\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificator of Status & Certified Copy	ite		

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

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: VILLAS ON THE GREEN 807, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") VOTG 807, 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.") 81-2328505 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) N/A - NO BUSINESS TRANSACTED PRIOR TO REGISTRATION (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 11611 N. CANTERBERRY LANE **MEQUON, WI 53092** (Street Address of Principal Office) 11611 N. CANTERBERRY LANE MEQUON, WI 53092 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) KEVIN KENT Name: 303 ALTCANTE DRIVE 350 CELESTIAL WAY Office Address: JUNO BEACH (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JULIA ILYASOVA, SOLE MEMBER AND MANAGER 11611 N. CANTERBERRY LANE MEQUON, WI 53092 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

JULIA ILYASOVA

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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 807, 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 20, 2016.

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 April 21, 2016.

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: 175015-4AB5F061