# MILACIO 4888

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(Ac	ldress)	
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SCORE MARY OF STATE
AND ANASSEE, FLORIDA

JUN <sup>20</sup> ZUIS O BRUCE

## **COVER LETTER**

TO: Registration Section

Divisio	on of Corporatio	ns				
B SUBJECT:	B MANAGEME	NT, LLC				
SODULCI		Name of	Limited Liability	Company		
The enclosed "A Existence, and o	Application by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tra ited liability	nsact Business in Flori company to transact b	da," Certificate of usiness in Florida.
Please return al	l correspondence	concerning this matter to the	following:			
	Adam Bardos	y				
		N	ame of Person			_
	Mallery & Zir	nmerman, S.C.				
	<u> </u>	F	irm/Company			<del></del>
	731 North Jac	kson Street, Suite 900				
	<u></u>		Address			<del></del>
	Milwaukee, W	/isconsin 53202				
		City/S	state and Zip Code	÷		
	abardosy@mzn	nilw.com				
		E-mail address: (to be use	d for future annua	il report not	ification)	•••
For further info	rmation concerni	ng this matter, please call:				
Adam	Bardosy		414 at (	727-62	64 📆 🥆	,
	Name	of Contact Person	Area Code	Day	time Telephone Numb	Andrews & S
Divisio Regist P.O. B Tallah	JNG ADDRESS on of Corporation ration Section Box 6327 assee, FL 32314 heck for the follow	s wing amount:		Division Registrat Clifton B 2661 Exe	ADDRESS:  of Corporations ion Section  uilding cutive Center Circle  ee. FL 32301	A THE COLUMN
	5.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fill Certified Copy	-	□ \$160.00 Filing Fed of Status & Certified	

# 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:

BB MANAGEMENT,		A		102-910
(Name of Fore	eign Limited Liability (	Company; must include "I	Limited Liability Company," "L.	L.C.," or "LLC.")
f name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted f	for the purpose of transact	ting business in Florida. The alter	rnate name must include "Limited
WISCONSIN		3.		
(Jurisdiction under the law company is organized)	of which foreign limite	ed liability	(FEI number, if ap	oplicable)
. <u>n/a</u>	/Data finat trans	anatad business in Plant	- If anion to registration	
	(See sections 605	5.0904 & 605.0905, F.S. 1	a, if prior to registration.) to determine penalty liability)	
. 810 SWAN DRIVE, S	UITE A			<del></del>
MUKWONAGO, WIS				
OLO COVANI PRIME CI	·	t Address of Principal Of	fice)	
. 810 SWAN DRIVE, SU	JITE A		<u> </u>	• • • • • • • • • • • • • • • • • • • •
MUKWONAGO, WIS	CONSIN 53149			
		(Mailing Address)		<del>,</del>
. Name and street addres	s of Florida registere	d agent: (P.O. Box N	OT_acceptable)	
Name;	CT CORPORATIO	ON SYSTEMS		
Office Address:	1200 SOUTH PINI	E ISLAND ROAD		
	PLANTATION		, Florida <u>33324</u>	
		(City)	(Zip o	code)
esignated in this applicat	tion, I hereby accept ons of all statutes rel	t the appointment as re lative to the proper and	gistered agent and agree to a	ted liability company at the place act in this capacity. I further ago ay duties, and I am familiar with
		(Registered agent's	signature)	
•			ave authority to manage is/are	1
EROME M. CAMPBELI	L, MANAGER - 810	SWAN DRIVE, SUIT	E A, MUKWONAGO, WISC	CONSIN 53149
<del></del>			<u>.</u>	
	of which it is organiz			having custody of records in the lation of the certificate under oath
		Signature of an author	ized person	<del></del>
his document is executed	in accordance with s	section 605.0203 (1) (b)	, Florida Statutes. I am aware	that any false information
abmitted in a document to	the Department of S	tate constitutes a third of	degree felony as provided for i	in s.817.155, F.S.
	Jerome M. Campbel	11		

Typed or printed name of signee

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

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Coama unavailable anter a	Itemate vame adopted for the purpose of	f transacting business in Florida. The alternat	e name must include "I	imited
iability Company," "L.L.C		. Handaring Danislan in 1 fortun. The another	o mante mate mordae 2	
WISCONSIN (Jurisdiction under the law company is organized)	of which foreign limited liability	3(FEI number, if applied	cable)	
n/a				
810 SWAN DRIVE, S		in Florida, if prior to registration.) 05, F.S. to determine penalty liability)		
MUKWONAGO, WIS	SCONSIN 53149			
	(Street Address of Prin	ncipal Office)		
810 SWAN DRIVE, S	UITE A			
MUKWONAGO, WIS	CONSIN 53149			
	(Mailing Ado	dress)	72.50 X	N. Committee
Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	CT CORPORATION SYSTEMS			O
Office Address:	1200 SOUTH PINE ISLAND RO	AD	S	
			್ಕ್ ∪	
	PLANTATION	Florida 33324	,,,	
	(City)	, Florida 33324  (Zip code		ha nlace
aving been named as resignated in this applica complywith the provisi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointme	Florida 33324 (Zip code e of process for the above stated limited ent as registered agent and agree to act i oper and complete performance of my di	liability company at t in this capacity. I fur	ther agi
aving been named as resignated in this application complywith the provisi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.	e of process for the above stated limited ent as registered agent and agree to act i	liability company at t in this capacity. I fur	ther agi
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aving been named as resignated in this applicated in this applicate complywith the provision of the obligations of the control	(City) tance: gistered ugent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.  (Registered acity and address of the person(s) who	e of process for the above stated limited ent as registered agent and agree to act is oper and complete performance of my did agent's signature)  the has/have authority to manage is/are:	liability company at t in this capacity. I fur uties, and I am famili	ther agi
esignated in this applicate complywith the provision coupt the obligations of the coupt the name, title or capa DAVID S. HAZENFIELI EROME M. CAMPBEL Attached is a certificate	tance: gistered agent and to accept service ition, I hereby accept the appointme ons of all statutes relative to the pro- my position as registered agent.  (Registered acity and address of the person(s) who, MANAGER - 810 SWAN DRIVITY L, MANAGER - 810 SWAN DRIVITY of existence, no more than 90 days of which it is organized. (If the certisal statuted)	e of process for the above stated limited ent as registered agent and agree to act is oper and complete performance of my did agent's signature)  the has/have authority to manage is/are:  E, SUITE A, MUKWONAGO, WISCOME, SUITE A, MUKWONAGO, SUITE A, MUKWONAGO, WISCOME, SUITE A, MUKWONAGO, SUITE A, MUKWONAGO	liability company at the inthis capacity. I fur uties, and I am familiaties, and I am fa	ther agr iar with
aving been named as resignated in this applicated in this applicate complywith the provision of the obligations of the obligations of the name, title or capta AVID S. HAZENFIELI EROME M. CAMPBEL Attached is a certificate is diction under the law	tance: gistered agent and to accept service ition, I hereby accept the appointme ons of all statutes relative to the pro- my position as registered agent.  (Registered acity and address of the person(s) who, MANAGER - 810 SWAN DRIVITY L, MANAGER - 810 SWAN DRIVITY of existence, no more than 90 days of which it is organized. (If the certisal statuted)	e of process for the above stated limited ent as registered agent and agree to act is oper and complete performance of my did agent's signature)  the has/have authority to manage is/are: E. SUITE A, MUKWONAGO, WISCOME,	liability company at the inthis capacity. I fur uties, and I am familiaties, and I am fa	ther agr iar with

Typed or printed name of signee

Jerome M. Campbell

# 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

### **BB MANAGEMENT, 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 January 28, 2015.

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.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 25, 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:

177797-2233BD08