# M16000005638

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<del></del>	

Office Use Only



300287672493

07/13/16--01021--005 \*\*130.00



"HARRIS



1001 W. Glen Oaks Lane, Suite 227 Mequon, W1 53092-3368 Additional office in Brookfield, WI

ph | 262-240-9904

6x1 262-240-9945

email firm@burnslaw.com

wwwl burnslaw.com

July 5, 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 112, 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 July 5, 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 <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

### **COVER LETTER**

TO:	Registration of	on Section Corporations	3				
SUBJE		AS ON THE G	REEN 112, LLC				
			Name of	Limited Liability (	Company		
						ansact Business in Florida," Cer y company to transact business	
Please r	eturn all cor	espondence co	ncerning this matter to the	following:			
	jι	JLIA ILYASO	VA				
	_		N	ame of Person			
						•	
	_		Fi	rm/Company	-		
	1	1611 N. CANT	ERBERRY LANE				
				Address			
	M	EQUON, WIS	CONSIN 53092				
	_		City/S	tate and Zip Code			
	juli	ailyasova@gm	ail.com				
			E-mail address: (to be used	d for future annual	report not	ification)	
For furt	her informat	on concerning	this matter, please call:				
	SCOTT G	BURNS		262 at (	240-99	04	
		Name of	Contact Person	Area Code	Day	rtime Telephone Number	
	Division of Registration P.O. Box 6				Division Registrati Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclose	d is a check □ \$125.00	for the following Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certife of Status & Certified Copy	icate

### 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:

iability Company," "L.L.C,"	ternate name adopted for the purpose of transacting b or "LLC.")	usiness in Florida. The alternate na	me must incl	ude "Li	imited
WISCONSIN	3 Fed TIN	N: 81-3124088			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	:)		
N/A - NO BUSINESS	TRANSACTED PRIOR TO REGISTRATION				
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	rior to registration.) ermine penalty liability)	-		
11611 N. CANTERBE	RRY LANE		_		
MEQUON, W1 53092					
	(Street Address of Principal Office)	, , , , , , , , , , , , , , , , , , , ,			
11611 N. CANTERBEI	RRY LANE		<u> </u>	بدسه رخان	
MEQUON, WI 53092					is To
	(Mailing Address)			ري	4 . 100112
Name and street addres	s of Florida registered agent: (P.O. Box NOT a	cceptable)		— <del>(3</del>	 
Name:	KEVIN KENT		14. 14. 14.		ATMINES AN
Office Address:	350 CELESTIAL WAY				
	JUNO BEACH	. Florida 33408	المارين المارين		
			<del></del> -		
iving been named as re	gistered agent and to accept service of process j	(Zip code)  for the above stated limited liab	ility compa	ıny at t	he plac
aving been named as regarignated in this applicate complywith the provision comply with the provision of name, title or capa	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as registered as a register ons of all statutes relative to the proper and commy position as registered agent.  (Registered agent's signactity and address of the person(s) who has/have a	for the above stated limited liab cred agent and agree to act in th inplete performance of my dutie	his capacity	. I fur	ther ag
aving been named as registing been named as registing applicate complywith the provision comply with the provision comply with the provision of name, title or capa JLIA ILYASOVA, SOL	tance: gistered agent and to accept service of process stion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.  (Registered agent's signacity and address of the person(s) who has/have a service to the proper and communication as registered agent.	for the above stated limited liab cred agent and agree to act in th inplete performance of my dutie	his capacity	. I fur	ther ag
aving been named as regarded in this applicate complywith the provision comply with the provision of name, title or capa ULIA ILYASOVA, SOL	tance: gistered agent and to accept service of process stion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.  (Registered agent's signacity and address of the person(s) who has/have a service to the proper and communication as registered agent.	for the above stated limited liab cred agent and agree to act in th inplete performance of my dutie	his capacity	. I fur	ther ag
aving been named as regarded in this applicate complywith the provision complywith the provision of name, title or capa ULIA ILYASOVA, SOL	tance: gistered agent and to accept service of process stion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.  (Registered agent's signacity and address of the person(s) who has/have a service to the proper and communication as registered agent.	for the above stated limited liab cred agent and agree to act in th inplete performance of my dutie	his capacity	. I fur	ther ag
esignated in this applicate complywith the provision of the obligations of the complete the comple	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.  (Registered agent's signacity and address of the person(s) who has/have at the MEMBER AND MANAGER  EY LANE  of existence, no more than 90 days old, duly autof which it is organized. (If the certificate is in a	for the above stated limited liab red agent and agree to act in the applete performance of my dutienature) authority to manage is/are:	ais capacity s, and I am	. I fur I famil	ther ag

JULIA ILYASOVA

Typed or printed name of signee

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 112, 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 5, 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 July 05, 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:

179760-C0F2E54F