

M16000006355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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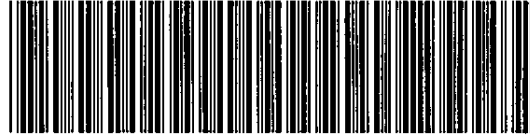
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JOHNS, FLAHERTY & COLLINS, SC

Good neighbors. Great lawyers.

August 3, 2016

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Phone: 608-784-5678
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Kansas Bar
***Fluent in Spanish

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Smith Turner, LLC

To Whom It May Concern:

Enclosed herein please find the following documentation in regard to the above LLC:

1. Cover letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. A Certificate of Status issued by the Wisconsin Department of Financial Institutions on July 13, 2016
3. Filing fee in the amount of \$125.00.

Please process this paperwork and issue a Certificate of Authority to Transact Business in Florida to Smith Turner, LLC. Contact the undersigned with any questions. Thank you.

Very truly yours,

JOHNS, FLAHERTY & COLLINS, S.C.

Brandon J. Prinsen

Brandon J. Prinsen

BJP/tnn

Enclosures

E-mail: brandon@johnsflaherty.com

cc: Nancy Smith and Nancy Turner (via e-mail w/ attachments)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Smith Turner, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Attorney Brandon Prinsen

Name of Person

JOHNS, FLAHERTY & COLLINS, S.C.

Firm/Company

205 5th Avenue South, #600

Address

La Crosse, WI 54601

City/State and Zip Code

brandon@johnsflaherty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Attorney Brandon J. Prinsen

608

784-5678

at (_____) _____

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Smith Turner, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Smith Turner of Florida, 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.")
2. Wisconsin 3. 46-1605736
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. S5907 Malphy Lane
DeSoto, WI 54624
(Street Address of Principal Office)
6. S5907 Malphy Lane
DeSoto, WI 54624
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: John Wolfe
- Office Address: 2955 Overseas Highway
Marathon, , Florida 33050
(City) (Zip code)

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 comply with 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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Nancy Smith, Managing Member

S5907 Malphy Lane

DeSoto, WI 54624

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)

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.

Nancy Smith

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

SMITH TURNER 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 December 20, 2012.

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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 13, 2016.

A handwritten signature in cursive script that reads "George Petak".

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: **181213-974C4854**