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# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2016

ANDREW C. TESKE 13400 BISHOP'S LANE, SUITE 270 BROOKFIELD, WI 53005 2016 AUG 26 PM 1:56

We have received your document for MLG/PF OASIS INVESTMENT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00016704

16 AUG 26 PH 4: 46
SECRETARY OF STATE

### **COVER LETTER**

TO:

TO:		stration Section ion of Corporation	ns					
SUBJE		MLG/PF Oasis Inve	estment LLC					
	_		Name of	Limited Liability	Company		_	
The enc Existence	losed ' ce, and	'Application by For check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Florida y company to transact bus	," Certificate of iness in Florida	
Please r	eturn a	il correspondence c	concerning this matter to the	following:				
		Andrew C. Tes	ke					
			N	ame of Person			_	
		MLG						
			Fi	irm/Company	-		_	
	13400 Bishop's Lane, Suite 270							
Address							_	
		Brookfield, WI 53005						
City/State and Zip Code							_	
		ateske@mlgcom	panies.com					
			E-mail address: (to be used	d for future annual	report not	tification)	_	
For furt	her inf	ormation concerning	g this matter, please call:			u.	<b>»</b> .	
	Lisa	Jutz		262 at (	364-55	18 ALL	<b>5</b>	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	FILE NG 26	
	MAI	LING ADDRESS:			STREET	ΓADDRESS:	2 6 m	
Division of Corporations Registration Section P.O. Box 6327				of Corporations				
				ion Section	<u> </u>			
			Clifton B		PN 4-46			
	Tallai	hassee, FL 32314				ecutive Center Circle See, FL 32301	्ति क	
Enclose	d is a c	check for the follow	ing amount:					
		25.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filit Certified Copy	-	☐ \$160.00 Filing Fee, of Status & Certified C		

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

IN COMPLIANCE WITH SECTION 805,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SEVESS IN THE STATE OF FEO.	NUM.		
MLG/PF Oasis Investm		r: must include "Limited )	Liability Company," "L.L.C.,"	or "LLC.")
(Mane of Fores	gh chined Diabling Company	, max mondo Emmod	emonity company, coeff	o. 220, ,
If name unavailable, enter alt Liability Company," "L.L.C,"		urpose of transacting busi	ness in Florida. The alternate a	name must include "Limited
, Wisconsin		3. 81-276270		
(Jurisdiction under the law company is organized)	of which foreign limited liability	ty	(FEI number, if applicab	ole)
4	(Date first transacted h	ousiness in Florida, if prio	r to registration )	
	(See sections 605.0904 &	2 605.0905, F.S. to determ	nine penalty liability)	
5,				—
13400 Bishop's Lane,	suite 270 Bro	okredi, wi sz	3005	66 × 7
6. 13400 Bishop's Lane, S	•	ss of Principal Office)		AG 21
Brookfield, WI 53005				SHO THE
	(Ma	iling Address)		
7. Name and street addres	s of Florida registered agent	t: (P.O. Box <u>NOT</u> acc	eptable)	92. 5
Name:	Susan Fleming Bennett			<b>電用 5</b>
Office Address:	401 E. Jackson St., Ste. 22	200		
	Tampa		. Florida 33602	
	(Cit	ty)	(Zip code)	
designated in this application to comply with the provision to the comply with the complete the comp	gistered agent and to acception, I hereby accept the ap	pointment as registere o the proper and comp	ed agent and agree to act in	ability company at the place this capacity. I further agree ties, and I am familiar with and
	Susan 3	Henring Ber	un ett.	
	(1	Registered agent's signatu	ire) Ø	·
8. The name, title or capa	icity and address of the pers	ion(s) who has/have au	thority to manage is/are:	
MLG/PF II Co-Investmen	t Manager LLC C	Andrew C.	, Teskey Vice 7	President
13400 Bishops Lane, Suit			s's Lane, Suite	
Brookfield, WI 53005			WI 53005	<del> </del>
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If	90 days old, duly auther the certificate is in a form	enticated by the official havi preign language, a translatio	ng custody of records in the n of the certificate under oath
	and	nature of an authorized p	Ea	<del></del>
	Sign	nature of an authorized po	erson	
			ida Statutes. I am aware that	

Typed or printed name of signee

Andrew C. Teske

## 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

#### MLG/PF OASIS INVESTMENT 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 May 26, 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 June 27, 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:

179452-B6BD6B18