

M16000008613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mr. Coker gave permission  
to correct R/A designation  
below signature

10116-71559

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2016

M. MILLIGAN

OCT 28 2016

Vol 1



DAVIS | KUELTHAU  
attorneys at law

October 14, 2016

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

Re: Vernon Values, LLC

Dear Sir or Madam:

Enclosed please find the following documents regarding the above-referenced Limited Liability Company:

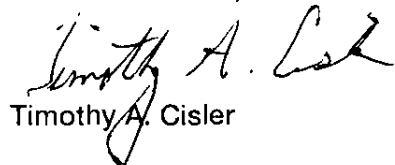
1. Application by Foreign LLC for Authorization to Transaction Business in Florida;
2. Certificate of Status for Vernon Values, LLC from the State of Wisconsin; and
3. Our firm check in the amount of \$155.00 to cover the filing and certified copy charges.

Please file the Application and once recorded, please provide our office with a Certified Copy of the same. A self-addressed, stamp envelope is enclosed.

Should you have any questions, please let do not hesitate to contact me.

Very truly yours,

Davis & Kuelthau, s.c.



Timothy A. Cisler

TC:emw

Enclosures

cc: Vernon Values, LLC

Phone 920.435.9378 Direct 920.431.2235 Fax 920.431.2275  
318 S. Washington Street Suite 300, Green Bay, WI 54301  
tcisler@dkattorneys.com

BROOKFIELD | GREEN BAY | MILWAUKEE  
[www.dkattorneys.com](http://www.dkattorneys.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vernon Values, 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:

Timothy A. Cisler

\_\_\_\_\_  
Name of Person

Davis & Kuelthau, s.c.

\_\_\_\_\_  
Firm/Company

318 S. Washington St., Ste. 300

\_\_\_\_\_  
Address

Green Bay, WI 54301

\_\_\_\_\_  
City/State and Zip Code

jvernon@dreamvacations.com

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

For further information concerning this matter, please call:

Timothy A. Cisler

920

435-9378

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. Vernon Values, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I.L.C.")

(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 "I.L.C.")

2. Wisconsin 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 31, 2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 151 Magellan Ct.  
Davenport, FL 33837  
(Street Address of Principal Office)

6. 151 Magellan Ct.  
Davenport, FL 33837  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jacqueline Vernon  
Office Address: 151 Magellan Ct.  
Davenport, Florida 33837  
(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.*

"See Below"  
(Registered agent's signature)

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

Jacqueline Vernon, Member  
\_\_\_\_\_  
\_\_\_\_\_

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)

X Jacqueline M. Vernon Registered Agent  
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.

Jacqueline Vernon  
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, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**VERNON VALUES , 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 2, 2004.

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.

2016 OCT 28 PM 1:46  
OFFICE OF THE  
CLERK OF THE  
COURT

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 14, 2016.



A handwritten signature in black ink, appearing to read 'David Duecker'.

DAVID DUECKER, Deputy 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: 186934-AE8A83E8