(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:
W17000010319



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Office Use Only

D. BRUCE FEB 17 2017 February 14, 2017

Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is my corrected "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida".

Feel free to call if you have any questions, or need additional information.

Sincerely,

Pamela Burns

C: 262.617.9059

SIGILIAGIA CALLANDASSEE FI CORN.

U



February 3, 2017

PAMELA BURNS N1939 BLUEBIRD BAY RUBICON, WI 53078

SUBJECT: BURNS B3 INVESTMENTS, LLC

Ref. Number: W17000010319

We have received your document for BURNS B3 INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 817A00002285

### **COVER LETTER**

TO: Registration Section Division of Corporatio	ns			
SUBJECT: B	3 Investi Name of	NENTS, LAC Limited Liability Company	<u></u>	
			ansact Business in Florida," Certif y company to transact business in	
Please return all correspondence	concerning this matter to the	following:		
	Danela "	Bums Jame of Person		
	B3 Invesum	1EU +8 LLC irm/Company		
	11939 Bluet			
	Rubicon, Licity/S	UT 53078 State and Zip Code	7A 2017	
	OSABUTAS (E-mail address: (to be use	hytmail. C	om tification)	
For further information concerning	ng this matter, please call:		T D	
Panela L	Bill MS of Contact Person	at ( <u>262</u> ) <u>61</u> Area Code Day	vtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\frac{\text{ten}}{2}\\$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	te

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, A COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY
1	include Limited Liability Company," "L.L.C.," or "LLC.")
Button B3 Town	osimonts LLC
(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Limited
	3
company is organized)	
4. (Date first transacted business (See sections 605.0904 & 605.0904)	
(See sections 605.0904 & 605.09	on Florida, it prior to registration.) 905, F.S. to determine penalty liability)
s. N1939 Bluebird	Bay, Rubicon WI 53078
(Street Address of Pr	
6. Same as above	
	ಫ್ ೄ
(Mailing Ac	idress)
7. Name and street address of Florida registered agent: (P.O.	Box NOT acceptable)
Name: Pamela	BUNDS III
Office Address: 4/99 38 th	ye 5, #65A g, Florida 337/1-4066 w (Zip code)
St. Petershur	9 , Florida <u>337//- 4066</u> ω
(City) V Registered agent's acceptance:	(Zip code)
Having been named as registered agent and to accept service designated in this application, I hereby accept the appointment to complywith the provisions of all statutes relative to the praccept the obligations of my position as registered agent.	ce of process for the above stated limited liability company at the place nent as registered agent and agree to act in this capacity. I further agree roper and complete performance of my duties, and I am familiar with and
(Register	ed agent's signature)
8. The name, title or capacity and address of the person(s) v	who has/have authority to manage is/are:
Panela and Christ	opher Burns - Members
BO ACCIOCIÓN BODO DO COMO CORREDO CORRE	COCACO ALOS OCO COCACADO
4199 3842 Ave. S.	#65A, St. Pelesburg, FL 33711-406
9. Attached is a certificate of existence, no more than 90 days jurisdiction under the law of which it is organized. (If the cer of the translator must be submitted)	s old, duly authenticated by the official having custody of records in the tificate is in a foreign language, a translation of the certificate under oath
Signature o	f an authorized person
This document is executed in accordance with section 605.02 submitted in a document to the Department of State constitute.	03 (1) (b), Florida Statutes. I am aware that any false information as a third degree felony as provided for in s.817.155, F.S.
Pame la Typed or pri	BUTOS nted name of signee

# 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. B3 Invesyments LLC (Name of Foreign Limited Elability Company; must include Limited Liability Company," "L.L.C.," or "LLC.")
BUTTO B3 INVESTMENTS, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
(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. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. N1939 Bluebird Bay, Rubicon WI 53078
(Street Address of Principal Office)
6. <u>Same</u> as above
· · · · · ·
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: B3 Investments, LLC
Office Address: 4/99 38 th Ave 5, #65.A  54. Petershiva , Florida 337/1-4066 (City) (Zip code)
St. Petershiwa Florida 33711-4066
(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 complywith 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.
Daniela Burs
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Pamela and Chiastopher Bluns - Members
Pamela and Chistopher Burns - Members N1939 Bluebird Bay, Rubicon WI 53078
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)
- Panola Burus
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.
Danela Burns
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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### **B3 INVESTMENTS, 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 31, 2014.

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 January 25, 2017.

MARY ANN MCCOSHEN, 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:

194276-86B1035C