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SECRETARY OF STATE

SECRETARY OF STATE

D. SCOTT MAY 2 4 2017

Attached are corrected forms as well as certified form from Wisconsin. Please have all correspondence sent to: Michael Vorien Paradise Beach House 2581 N Wahl Ave Milwaukee WI 53211

> Hank you -Michael Assien

FILED

17 MY 22 PN 1: 0:
SIGNELANT OF STATE
TALLMIASSEE, FLORID

ALLAHASSEETLONID,

DP

COVER LETTER

TO: Registra Division	tion Section of Corporatio	ons					
SUBJECT:	(Paradisc Name o	Beach Limited Liability	Ho Company	se,LLC		
		oreign Limited Liability Con ed to register the above refe					
Please return all co	оттеѕропдепсе	concerning this matter to th	e following:				
-		Michael	Name of Person	Br	Ten		
-		Paradise	Beach Firm/Company	140	ouse, Ll	<u>.</u> C_	
-		2581 N	, Wa	hl i	Ave		
-			tate and Zip Code	;	23911		
	i	E-mail address: (to be use	d for Juture annua	O > r?	ification) Qara	dise.	. com
For further informa	tion concernin	g this matter, please call:					
Mich		of Contact Person	at (Area Code) \$7 Dayı	3 - S\\ 2 time Telephone Nur	mber	
Division o Registration P.O. Box 6				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	;	
Enclosed is a check □ \$125.00	for the follow Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■\$160.00 Filing of Status & Certifi	MANUEL PLON	FILED 13 PH 1: 03

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: (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The atternate name must include "Limited Liability Company 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: Name and (Use attachments if necessary) 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 aumonized person 10. 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





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

PARADISE BEACH HOUSE, 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 April 25, 2017.

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 May 15, 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: 2002

200276-F5573EF8