

M17000005215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

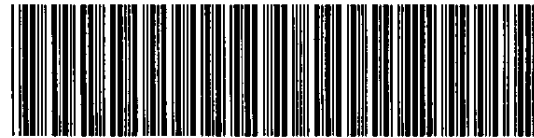
Special Instructions to Filing Officer:

2017 JUN -5 PM 4:36

TALLAHASSEE, FLORIDA

W17-48203 Mgr
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06/06/17--01004--007 **130.00

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2017 JUN 16 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LISA LANE LIBMAN FAMILY LIMITED LIABILITY COMPANY

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:

ADAM R. FINKEL

Name of Person

VON BRIESEN & ROPER, S.C.

Firm/Company

411 E. WISCONSIN AVENUE, SUITE 1000

Address

MILWAUKEE/WI 53202

City/State and Zip Code

afinkel@vonbriesen.com

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

For further information concerning this matter, please call:

ADAM FINKEL

414

270-2509

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. LISA LANE LIBMAN FAMILY LIMITED LIABILITY COMPANY

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 58-2451020

(FEI number, if applicable)

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

5. 601 PUTTER LANE

LONGBOAT KEY, FL 34228

(Street Address of Principal Office)

6. 601 PUTTER LANE

LONGBOAT KEY, FL 34228

(Mailing Address)

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

Name: LISA LIBMAN

Office Address: 601 PUTTER LANE

LONGBOAT KEY

(City)

Florida 34228

(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:

LISA LIBMAN AMBR

601 PUTTER LANE

LONGBOAT KEY, FLORIDA 34228

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.

LISA LIBMAN

Typed or printed name of signer

FILED
2017 JUN 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

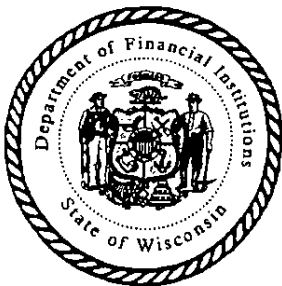
I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

LISA LANE LIBMAN FAMILY LIMITED LIABILITY COMPANY

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 November 14, 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.

FILED
2017 JUN 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 31, 2017.

Handwritten signature of Mary Ann McCoshen.

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: 201109-6A55D548



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2017

ADAM R FINKEL
VON BRIESEN & ROPER, S.C.
411 E WISCONSIN AVE, STE. 1000
MILWAUKEE, WI 53202

SUBJECT: LISA LANE LIBMAN FAMILY LIMITED LIABILITY COMPANY
Ref. Number: W17000048203

We have received your document for LISA LANE LIBMAN FAMILY LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00011522

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2017 JUN 19 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAGLaw International Lawyers

Adam R. Finkel
Direct Telephone
414-276-2509
afinkel@vonbriesen.com

June 15, 2017

Karen A Saly
Regulatory Specialist II
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Lisa Lane Libman Family Limited Liability Company

Dear Ms. Saly,

Pursuant to your letter dated June 7, 2017 which is also enclosed, please find a corrected Application By Foreign Limited Liability Company For Authorization to Transact Business in Florida. We have corrected paragraph 8 by inserting Ms. Libman's title/capacity as Authorized Member (AMBR).

We ask that you kindly receive these documents and reconsider our prior filing.

Very truly yours,

von BRIESEN & ROPER, s.c.



Adam R. Finkel

ARF:mmj
Enclosures
cc: Lisa Libman (w/encl.)

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