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| (Red                    | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

| TO:               | Registration Section Division of Corporations  |               |
|-------------------|--|---------------|
| CHRI              | Circle L Enterprises, LLC  |               |
| SORTI             | T:Name of Limited Liability Company  |               |
| The en<br>Exister | sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo                 | e of<br>rida. |
| Please            | urn all correspondence concerning this matter to the following:  |               |
|                   | Ned A. Larson  |               |
|                   | Name of Person   |               |
|                   | Circle L Enterprises, LLC  |               |
|                   | Firm/Company   |               |
|                   | PO Box 472   |               |
|                   | Address  |               |
|                   | Sister Bay, WI 54234   |               |
|                   | City/State and Zip Code  |               |
|                   | ned.larson@circlelllc.com  |               |
|                   | E-mail address: (to be used for future annual report notification)   |               |
| For fu            | er information concerning this matter, please call:  |               |
|                   | Ned A. Larson 920 241-9912 at ()   |               |
|                   | Name of Contact Person Area Code Daytime Telephone Number  |               |
|                   | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301   |               |
| Enclos            | is a check for the following amount:  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Copy  ☐ Certificate of Status ☐ 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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| <u></u>  |  | ······································  | <u> </u>   |
|--|--|---|--|
|  | me adopted for the purpose of transacting business in Florida  |   | bility Company," "L.L.C," or "LLC.   |
| Wisconsin  | ich foreign hmited liability company is organized)   | 3. 46-4623677   | per, if applicable)  |
| (Jurisdiction under the law of wh  | ich foreign amilied naoulty company is organized)  | (12) (13)   | oer, it applicative)   |
|  |  |   |  |
| <del></del>  | (Date first transacted business in Florida, if prior to regi<br>(See sections 605 0904 & 605,0905, F.S. to determine)  | istration )<br>penalty liability)   |  |
| 10259 Settlement Wood  |  | 6. PO Box 472   |  |
| (Street Address of Pr<br>Sister Bay, WI 54234  | incipal Office)  | Sister Bay, WI 54234  | ress)  |
| 515ter day, W1 542.54  |  | 515ter Day, 41 54254  | <u> </u>   |
|  | <del></del>  | <del></del>   | ·  |
|  |  |   | 1 <sup>1</sup>   |
| Name and street address  | $\S$ of Florida registered agent: (P.O. Box $\Normalfont{N}$   | NOT acceptable)   | <br>   |
| Name:  | Ned A. Larson  |   | -,   |
| rame.  | 16819 Front Beach Road, Unit 1217  | <del></del>   |  |
| Office Address:  | 10012 From Deach Road, Offic 1217  |   | Ç  |
|  | Panama City Beach  | , Florida 32413   | . (%   |
|  | (City)   | (Zip cod  | (c)  |
| signated in this applicate comply with the provision   | ion, I hereby accept the appointment as roots of all statutes relative to the proper are of my position as registered uponi.  (Registered agent's sign   | and complete persprenance of my   |  |
| signated in this applical<br>comply with the provisi<br>d accept the obligations   | ons of all statutes relative to the proper are of my position as registered apent.  (Registered agent's sign   | and complete persprenance of my   |  |
| signated in this applical<br>comply with the provisi<br>d accept the obligations   | ons of all statutes relative to the proper are of my position as registered years.   | and complete persprenance of my   |  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa   | ons of all statutes relative to the proper are of my position as registered per ni.  (Registered agent's sign city and address of the person(s) who has/h  | nd complete performance of my usture) nave authority to manage is/are:  | duties, and I am familiai  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity:  | ons of all statutes relative to the proper and of my position as registered me nt.  (Registered agent's sign city and address of the person(s) who has/finame and Address:  Ned A. Larson  16819 Front Beach Road # 12   | nd complete performance of my usture) nave authority to manage is/are:  | duties, and I am familiai  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity:  | ons of all statutes relative to the proper and of my position as registered ment.  (Registered agent's sign city and address of the person(s) who has/finame and Address:  Ned A. Larson   | nd complete performance of my usture) nave authority to manage is/are:  | duties, and I am familiai  |
| signated in this applicate comply with the provisional accept the obligations.  The name, title or capa Title or Capacity:  Business Development   | ons of all statutes relative to the proper and of my position as registered me nt.  (Registered agent's sign city and address of the person(s) who has/finame and Address:  Ned A. Larson  16819 Front Beach Road # 12   | nd complete performance of my usture) nave authority to manage is/are:  | duties, and I am familiai  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity:  | city and address of the person(s) who has/h  Name and Address:  Ned A. Larson  16819 Front Beach Road # 12  Panama City Beach, FIT 32413  Elizabeth A. Larson  16819 Front Beach Road # 12   | nd complete performance of my usture) nave authority to manage is/are:  | duties, and I am familiai  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity:  Business Development  | city and address of the person(s) who has/f Name and Address: Ned A. Larson 16819 Front Beach Road # 12 Panama City Beach, FIT 32413 Elizabeth A. Larson   | nd complete performance of my usture) nave authority to manage is/are:  | duties, and I am familiai  |
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| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity: Business Development  Managing Director  | city and address of the person(s) who has/f  Name and Address:  Ned A. Larson  T6819 Front Beach Road # 12  Panama City Beach, FL 32413  Elizabeth A. Larson  T6819 Front Beach Road # 12  Panama City Beach, FL 32413   | nature) nave authority to manage is/are:  Title or Capacity:  | Name and Address:  |
| signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity: Business Development  Managing Director  July 2015 Attachments if necess that achieves a certificate.  | city and address of the person(s) who has/f  Name and Address:  Ned A. Larson  T6819 Front Beach Road # 12  Panama City Beach, FL 32413  Elizabeth A. Larson  T6819 Front Beach Road # 12  Panama City Beach, FL 32413  ary)  of existence, no more than 90 days old, dul  | nd complete performance of my  atture)  nave authority to manage is/are:  Title or Capacity:  | Name and Address:  |
| signated in this applicate comply with the provision of accept the obligations. The name, title or capa Title or Capacity:  Business Development Managing Director  Jise attachments if necess Attached is a certificate disdiction under the law of the complete complete the law of the complete complete the complete compl | city and address of the person(s) who has/f  Name and Address:  Ned A. Larson  16819 Front Beach Road # 12  Panama City Beach, FI. 32413  Elizabeth A. Larson  16819 Front Beach Road # 12  Panama City Beach, FI. 32413  ary)  of existence, no more than 90 days old, dust of which it is organized. (If the certificate is  | nd complete performance of my  atture)  nave authority to manage is/are:  Title or Capacity:  | Name and Address:  |
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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:

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

#### CIRCLE L'ENTERPRISES, 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 23, 2013.

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.

Of Pinancia, Indiana Control of Wisconst and

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 12, 2018.

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: 213251-7BEE9EE8