

M18000001987

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(Business Entity Name)

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C. SIMMONS
FEB 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2018

MICHAEL RATAJCZAK
3701 BAYNARD DR
PUNTA GORDA, FL 33951

SUBJECT: RATAJCZAK LLC.
Ref. Number: W18000013325

We have received your document for RATAJCZAK LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 218A00002808

RECEIVED
FEB 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ratajczak 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:

Michael Ratajczak
Name of Person

Firm/Company

3701 Baynard Drive
Address

Punta Gorda, Florida 33951
City/State and Zip Code

retajczak@twc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ratajczak at (920) 765-1566
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. Ratajczak LLC
(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 3. 82-1845835
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 1, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3701 Baynard Drive 6. 3701 Baynard Drive
(Street Address of Principal Office) (Mailing Address)
Punta Gorda Punta Gorda
Florida 33950 Florida 33950

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

Name: Michael Ratajczak

Office Address: 3701 Baynard Drive

Punta Gorda

(City)

Florida 33950

(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.

Michael Ratajczak
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

member

Michael Ratajczak
3701 Baynard Drive
Punta Gorda FL 33950

Member

Dorothy Ratajczak
3701 Baynard Drive
Punta Gorda FL
33950

se attachments if necessary)

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 a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Ratajczak
Signature of an authorized person

Michael Ratajczak

Typed or printed name of signer

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

RATAJCZAK, 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 June 02, 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 February 19, 2018.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



FI/Corp/33

validate the authenticity of this certificate

at this web address: <http://www.wdfi.org/apps/ccs/verify/>

enter this code: 214972-2EDF57AC