M180000008035

(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:					
00662					

Office Use Only



900316626219

(18,708), (18--01100) (18-- **1 4.10)

FILED

2018 AUG 31 PM 4: 30

SECRETARY OF STATE
ANASSEE, FLORIDA

ANASSEE, FLORIDA

N CULLIGANI AUG 3 (7 2 9.18

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Promotions with Pizzazz Luc 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:
Any Goeden Warne of Person
Promotions with Pizzazz Les
74 S. Main St 210001
Fond du Lac Wi 54935 City/State and Zip Code
E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Mamelof Contact Person at (920) 9483243 Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc



August 13, 2018

AMY GOEDEN 606 HONEY FLOWER LOOP BRADENTON, FL

SUBJECT: PROMOTINS WITH PIZZAZZ, LLC

Ref. Number: W18000072937

We have received your document for PROMOTINS WITH PIZZAZZ, 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):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 918A00016646

Sunbiz. Org

www.sunbiz.org

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

•			
		'E FOLLOWING IS SUBMITTED TO REG	ISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS	IN THE STATE OF FLORIDA:		
Prama	1 10 oc 1 11/16	V: 22 022 110	
(Name of Foreign Limited L	iability Company; must include "Li	mited Liability Company, "L.L.C.," or "LLC	J.")
(1-22.00) 1-01-18.00	,,,	,,,,,	,
7.1	76.4 6	in Florida. The alternate name must include "Limited	1 in the Community of Community of the C
(If name unavailable, enter alternate name acopte	o tot the burbose of transacting pursiness i	in Piorios. The atternatio name mass include. Limited	Liability Company, L.L.C. or LLC.
2. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		3. <u>762545</u>	α_{o2}
(Jurisdiction under the law of which foreign	limited liability company is organized)	(FEI r	number, if applicable)
4	first transacted business in Florida, if pri	or to registration.)	
(Sec	sections 605,0904 & 605,0905, F.S. to de	etermine penalty liability)	
5 14 S. Mains		6. LOCO HO	MCH/ NOWAR (SED)
(Street Address of Principal Of	fice)	(Mailing	Address)
FUND ONU L	ge, W1	13! order	W FR3421)
	5495	-	- CG = 71
	موانك نسب	· · · · · · · · · · · · · · · · · · ·	至
			SA W
7. Name and street address of Flo	rida registered agent: (P.O. I	Box NOT acceptable)	% - M
Name:	Amy Cook	e-lea	
Ivanie.			
Office Address:	1000 Hones	11 lower Las	4:30 STALL LORID
0	Calaina	70 34) /) == 8
_1.5.	ladenton	, Florida 0/2	-12
Registered agent's acceptance:	(City)	(Хір	code)
**	l agent and to accept service	of process for the above stated limi	ted liability campany at the place
			act in this capacity. I further agree
		pper and complete performance of n	
and accept the obligations of my	position as regiplered agent,	1	· -
	Hallel	a les	
	(Registered no	ent's signature)	
	/ (negaperous ag	on signific,	
8. The name, title or capacity and	d address of the person(s) wh	o has/have authority to manage is/are	e:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
0.1066	D-MILL - 20 10	20	
<u> </u>	1974 Goege	<u>/</u>	
	1000 1701 C/1-1	24) ()	
		C.J1 L1 L	
			-
(Use attachments if necessary)			
Attached is a certificate of exist	ence, no more than 90 days o	old, duly authenticated by the official	having custody of records in the
		licate is in a foreign language, a trans	
of the translator must be submitted		3 3 3 .	
0. This document is executed in	accordance with section 605.0	0203 (1) (b), Florida Statutes. I am a	ware that any false information
ubmitted in a document to the De	partment of State constitutes	a third degree felony as provided for	in s.817.155, F.S.
	14/11/10	La Oli	
	Sim	cature of an authorized person	
	1 1 3 16.	2	
	/tmi	1 (TORDEN	
	/ / / /	,	
	T/m	sed 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

PROMOTIONS WITH PIZZAZZ, 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 October 14, 2004.

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.

Grancial Wisconsing

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 28, 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: 227272-7F843607