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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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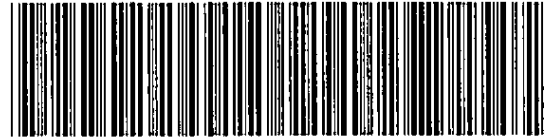
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/20--01028--008 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 13 PM 10

FILED

JAN 26 2020

T. LEMIEUX



Ruder Ware, L.L.C.
402 Graham Avenue
P.O. Box 187
Eau Claire, WI 54702-0187

Tel. 715.834.3425
Fax 715.834.2635
pmirr@ruderware.com
www.ruderware.com



January 7, 2020

Florida Dept. of State
Div. of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Eau Claire to Naples, LLC

Dear Staff:

Enclosed for filing please find a Cover Letter, an Application by Foreign LLC for Authorization to Transact Business in Florida, a Wisconsin Certificate of Status, and our firm's check in the amount of \$125 for the required filing fee.

Please file the same and provide filing confirmation to me at your earliest convenience.
Thank you.

Very truly yours,

RUDER WARE

Paul J. Mirr

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eau Claire to Naples, 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:

Attorney Paul J. Mirr

Name of Person

Ruder Ware, L.L.S.C.

Firm/Company

402 Graham Avenue, P.O. Box 187

Address

Eau Claire, WI 54702-0187

City/State and Zip Code

pmirr@ruderware.com

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

For further information concerning this matter, please call:

Paul J. Mirr

715

834-3425

Name of Contact Person

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Eau Claire to Naples, 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

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

46-4005552

3. (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. Ruder Ware, L.L.S.C.

(Street Address of Principal Office)

402 Graham Avenue

Eau Claire, Wisconsin 54701

6. Ruder Ware, L.L.S.C.

(Mailing Address)

P.O. Box 187

Eau Claire, Wisconsin 54702-1877

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

Name: Tricia Jenks

Office Address: 1144 3rd Street South

Naples, FL

(City)

, Florida

(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)

FILED
2020 JAN 13 PM 2:41
CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

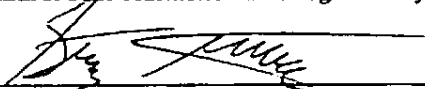
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Steven J. Kristo	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1531 Canfield Street	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Eau Claire, WI 54701	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Kristo Revocable Trust	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1531 Canfield Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Eau Claire, WI 54701	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.



Signature of an authorized person

Steven Kristo

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, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

EAU CLAIRE TO NAPLES, 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 December 17, 2019.

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 December 17, 2019.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, 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: **256746-DDAE716D**