# M2000001947

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	_ <del>.</del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

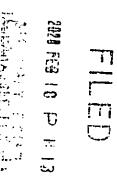
Office Use Only

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FEB 1 9 2020 T. LETMEUX

## COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJI	Tann Investments LLC				
. 7 ( / ( 2-) )		Name of Lim	ited Liability C	Company	-
	closed "Application by Foreign Limited L nee, and check are submitted to register the				
Please	return all correspondence concerning this	matter to the following	owing:		
	Bob Williams				
	_	Name	of Person		-
	Tann Corporation				
			-		
	2300 Northridge Drive				
	Address				
	Kaukauna, Wl 54130				
		City/State	and Zip Code		-
	accountant@tanncorporation	.com			
	E-mail addres	ss: (to be used for	r future annual	report notification)	-
For fur	ther information concerning this matter, p	lease call:			
	Bob Williams	ai	262	573-9394	
	Name of Contact Perso		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 an Please make check payable to: FLORII		ENT OF STAT	ΓE	
	\$125,00 Filing Fee \$130.00	Filing Fee & tificate of Status	\$155.00	_	Fee, Certificate



January 27, 2020

BOB WILLIAMS 2300 NORTHRIDGE DR KAUKAUNA, WI 54130

SUBJECT: TANN INVESTMENTS LLC

Ref. Number: W20000007304

We have received your document for TANN INVESTMENTS 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.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 220A00001894

RECEIVED

FEB 1 8 7070

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Tann Investments, LL						
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability	Company," "L. I. C	." or "LLC"	1	
f'name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	lorida. Die ali	ernate name must metue	de "Lamited Li	iability Company,""L	L.C." or "L.I.C."
Wisconsin		3.	39-2031506			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
Not Applicable						
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration nine penalty l	iability)			
2300 Northridge Driv			Same			
(Street Address of F	rincipal Officei	6.		(Mailing Ad	ldress)	
Kaukauna, WI 54130					28.	
. Name and street addres	s of Florida registered agent: (P.O. Bo:	x <u>NOT</u> a	cceptable)		KEB 18	FILE
Name:	C T Corporation System				7	
Office Address:	1200 South Pine Island Road				第7 で	- ب ن
	Plantation		. Florida	33324		
	(Cay)			(Zip co	sde i	

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.

By: C T Corporation System James M. Halpin

(Registered agent's femalure)

Assistant Secretary

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Thomas Saindon Matthew Fritsch Name: Manager Manager 2300 Northridge Drive 2300 Northridge Drive ■ Member Address: Member Address: Kaukauna, WI 54130 Kaukauna, WI 54130 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_ Manager Name: \_\_\_\_\_ ■ Manager Member Address: \_\_\_\_ Member Address: \_\_\_Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_\_\_\_ Other Manager Name: \_\_\_\_\_ Manager Name: Member Address: Address: Member | \_\_\_Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 605,0203,417 (b), Florida Statutes, I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

### 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

### TANN INVESTMENT COMPANY, 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 25, 2001.

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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 27, 2019.

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:

257203-F400371D