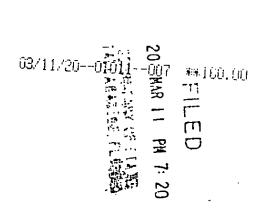
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COVER LETTER /

	ation Section n of Copporations	
SUBJECT:	VARNEY :	SLOTHEN KITCHEN AND BATH, LLC Name of Limited Liability Company
The enclosed "A Existence, and cl	pplication by Foreign Limited heck are submitted to register	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning the	-
	ERIC	L VARNEY Name of Person
	<u>VARNE</u>	CY BRUTHEW KITCHEN AND BATH, LLC Firm/Company
	415 N	HO 18TH AUE
		Address
	WAL	City/State and Zip Code
	Va	meybrothers@gma.1.com\$] ress: (to be used for future annual report motification)
For further inform		111 m
	Name of Contact Per	rson Area Code Daytime Telephone Number
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please n	.00 Filing Fee	amount: IDA DEPARTMENT OF STATE Filing Fee & S155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

AND JUST TO HOLICACT D	CTION BISUPUL FLORIDA STATUTES USINESS INTHE STATE OF FLORIDA	,		
VARNO	CY BloTHES A Climited Liability Company; must include	KITCHEN A	UD BATH L	LC
(reduce or research	Connect Empirity Company; must include	e "Limited Liability Compo	iny." "L.L.C.," or "LLC.")	
\	ARNEY BRETHERS	> HC		
ame was vailable, onter alternate	name adopted for the purpose of transacting but	sincus in Florida. The alternate	name must include "Linuted L	ability Company," "L L.C." or "LLC.")
W/SCON) S//) Thick foreign limited liability company is organi	,	46-25983	340
(Jurisdiction under the law of v	mich foreign limited liability company is organi	zed) 3.	46-25983 (FEI mand	er, il applicable)
NIA				
	(Dute first tramacted business in Florids, (See sections 605 0904 & 605 0905, F.S.	if prior to registration.) to determine penalty kability)		
780.5	SERVICE LN	6	413 N 10	TH AUE
LUZSTON	WI 54476	_ <u> </u>	Janstu W	I SYYOI
		·		
ame and <u>street addres</u>	s of Florida registered agent: (P,C	D. Box <u>NOT</u> acceptab	ole)	HAR T
				8 -
Name:	MICHAEL REI	LLY		# - m
				⊋ D
Office Address:	1033 S SEMO	<u>ran Blud</u>	Switt 104	
	1035 S SEMO		60.24	ED PH 7: 20
	WINTER PARK	••	Florida 3279	2 3
	<i>K.</i> 7,7		(Zip cose)	
tered agent's accepts	ince:		.	
vated in this application	istered agent and to accept servic on, I hereby accept the appointm	ent as registered ager	at and agree to act in	this conacing I further one
iply with the provision	ns of all statutes relative to the pi	roper and complete p	erformance of my du	ies, and I am familiar with
ccept the obligations o	of my position as registered agen	/	/	
			,	
 	(Registered a	gehi i ligasture)	, —	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Manager □ Manager Address: ☐ Member □Member □ Authorized ☐ Authorized Person Person Other Other □ Other ____ Other ____ □Manager □Member Address: ☐ Member ☐ Authorized ☐ Authorized Person Person ☐Other____ Other____ Other □ Manager □ Manager □Member 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 (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.

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

VARNEY BROTHERS KITCHEN AND BATH, 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 January 01, 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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 04, 2020.

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: 301535 3405555

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

		OLLOWING IS SUBMITTED TO REGISTER A FOREIC	en <i>lumited lability</i>
1. VARVO	CY BECTHES KITC	HEN AND BATH ILLC d Liability Company, LLCC or TICH	
· V	JARNEY BROTHERS L	orda. The alternate name must include 1 (imited Liability Company.	
tit name unavailable, enter alternote	name adopted for the purpose of transacting misiness in Flo	orata. The atternate name must include "Limited Liability Company,	" 1 LCT = TLLC Ti
	hich foreign territore liability company is organized.	3 46-2598340	
1. NIA			
	(Date first transacted business in Florida, if prior to re- (See sections 605 0904 & p05 0905; F.S. in determin	regrafination /	
70-6-		nc penalty liability)	
5. / 3 D. 5 (Sures Address of Principal Office)	SERVICE LN	6. 4/3 N/07HAUE	_
LUESTON	WI 54476	WANSIN WI SY	Y0/
			
#			
7. Name and street address	s of Florida registered agent: {P.O. Box }	NOT acceptable)	
Name:	MICHAEL REILLY		
Office Address:	1035 S SEMORAN	BLUD SLITE 1640	
	WINTER PARK	, Florida <u>32742</u>	
Registered agent's accepta Having been named as regi	nce: stered agent and to accept service of pro-	ocess for the above stated limited liability assess	iny at the place
to comply with the provision	In. I hereby accept the appointment as re	egistered agent and agree to act in this capacing and complete performance of my duties, and I an	
	1 / 1	>//—	
	(Registered agend a sign)	thurt S	
\mathcal{L}			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capaci	<u>ty:</u>	Name and Address
Manager	Name: ERIC VARNEY	□Manager	Name:	
□Member	Address: 413 N /674 1745	□Member	Address: _	· · · · · · · · · · · · · · · · · · ·
□Authorized	WAUSHU WI 54401	□Authorized		
Person		Person	<u></u>	
□Other	Other	□ Other		□Other
Manager	Name: Jarya Varney	□Manager	Name:	
□Member	Address: 413 N 10th Ave	□Member	Address: _	
□Authorized	Waysay WI 54401	□Authorized	***********	
Person		Person		
□Other	Other	Other		Other
∃Manager	Name:	□Manager	Name:	
]Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		·
]Other	Other	□Other		□Other

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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: 261727-34CF55EA