

N 20000006366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

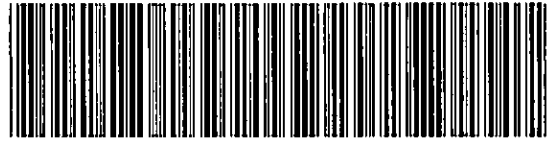
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

YS
7/21/20



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McCoy Leavitt Laskey 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:

Pam Bielawski
Name of Person

McCoy Leavitt Laskey LLC
Firm/Company

N19 W24200 Riverwood Dr. Suite 125
Address

Waukesha, WI 53188
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA
REGISTRATION SECTION

For further information concerning this matter, please call:

Julie Acker at (262) 896-0888
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. McCoy Leavitt Laskey 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)

3. 46-2356960
(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. 12724 Gran Bay Parkway West
(Street Address of Principal Office)

6. N19 W24200 Riverwood Dr.
(Mailing Address)

Suite 410

Suite 125

Jacksonville, FL 32258

Waukesha, WI 53188

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

Name: Nicholas Harken

Office Address: 12724 Gran Bay Parkway West, Suite 410

Jacksonville, Florida 32258
(City) (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.

Nicholas Harken

(Registered agent's signature)

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STATE OF FLORIDA
TALLAHASSEE

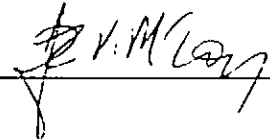
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>John McCoy</u>	<input type="checkbox"/> Manager	Name: <u>Laurence Leavitt</u>
<input type="checkbox"/> Member	Address: <u>N19 W24200 Riverwood Dr.</u>	<input checked="" type="checkbox"/> Member	Address: <u>202 US Route 1</u>
<input type="checkbox"/> Authorized Person	<u>Suite 125</u> <u>Waukesha, WI 53188</u>	<input type="checkbox"/> Authorized Person	<u>Suite 200</u> <u>Falmouth, ME 04105</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Henry Brook Laskey</u>	<input type="checkbox"/> Manager	Name: <u>Eugene LaFlamme</u>
<input checked="" type="checkbox"/> Member	Address: <u>317 Commercial St. NE</u>	<input checked="" type="checkbox"/> Member	Address: <u>N19 W24200 Riverwood Dr.</u>
<input type="checkbox"/> Authorized Person	<u>Suite 200</u> <u>Albuquerque, NM 87102</u>	<input type="checkbox"/> Authorized Person	<u>Suite 125</u> <u>Waukesha, WI 53188</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Michael Ramirez</u>	<input type="checkbox"/> Manager	Name: <u>John Hansen</u>
<input checked="" type="checkbox"/> Member	Address: <u>20726 Stone Oak Pkwy</u>	<input checked="" type="checkbox"/> Member	Address: <u>8700 Monrovia Street</u>
<input type="checkbox"/> Authorized Person	<u>Suite 116</u> <u>San Antonio, TX 78258</u>	<input type="checkbox"/> Authorized Person	<u>Lenexa, KS 66215</u>
<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.

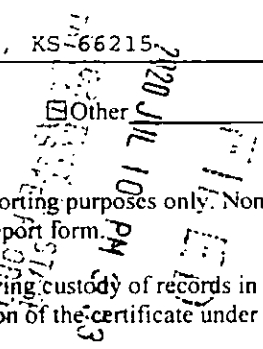
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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
John V. McCoy, Managing Partner

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

MCCOY LEAVITT LASKEY 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 March 30, 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.

RECORDED
JUL 10 2020
STATE OF WISCONSIN
JUL 10 PM 3:39

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 24, 2020.

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/>