

121000005353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

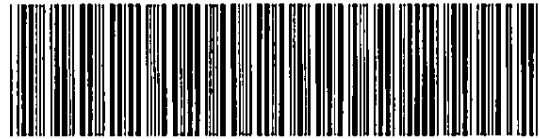
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700363602497

700363602497  
04/15/21 - 01030 - 004 \*\*130.00

FILED  
21 APR 15 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

10/19/21  
TSS/b-1

**KUMMER, LAMBERT, FOX & GLANDT, LLP**  
Attorneys at Law

---

Michael E. Lambert  
Terence P. Fox  
Travis K. Glandt  
Trent R. Nelson  
Lee H. Kummer, of Counsel

927 South 8th Street  
Second Floor  
Manitowoc, WI 54220  
  
(920) 683-5499 Telephone  
(920) 683-5494 Facsimile  
klf@klfllp.com

February 23, 2021

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Application by Foreign Limited Liability Company  
- GHK Productions LLC**

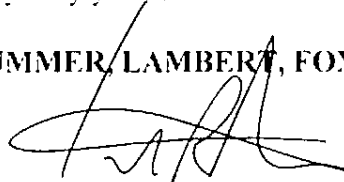
Dear Sir or Madam:

Enclosed herewith please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for GHK Productions LLC. Attached to the application is a copy of the Articles of Organization which were filed with the State of Wisconsin and a current Certificate of Status, together with our check in the amount of \$130.00 representing the filing fee for both entities. Should you have any questions or should additional information be needed, please feel free to contact my office.

Very truly yours,

**KUMMER, LAMBERT, FOX & GLANDT, LLP**

BY



Trent R. Nelson

TRN/lal  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GHK Productions 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 Trent R. Nelson

\_\_\_\_\_  
Name of Person

Kummer, Lambert, Fox & Glandt, LLP

\_\_\_\_\_  
Firm/Company

927 South 8th Street

\_\_\_\_\_  
Address

Manitowoc, WI 54220

\_\_\_\_\_  
City/State and Zip Code

tnelson@klfgllp.com

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

For further information concerning this matter, please call:

Trent R. Nelson

920

683-5499

\_\_\_\_\_  
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. GHK Productions 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 3. 86-2197137  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. no business yet transacted  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 552 South Spoonbill Drive 6. 552 South Spoonbill Drive  
(Street Address of Principal Office) (Mailing Address)  
Sarasota, FL 34236 Sarasota, FL 34236

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

Name: Kenneth H. Katz

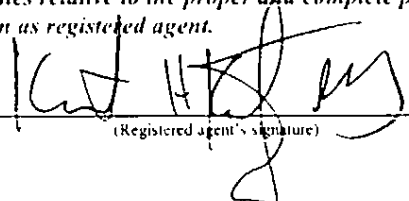
Office Address: 552 South Spoonbill Drive

Sarasota, Florida 34236  
(City) (Zip code)

FILED  
21 APR 15 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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)

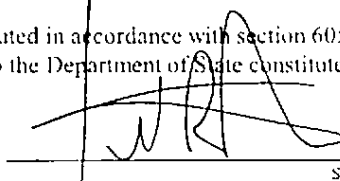
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Kenneth H. Katz</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>552 South Spoonbill Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Sarasota, FL 34236</u>	<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 _____
 <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

Trent R. Nelson

\_\_\_\_\_  
Typed or printed name of signer



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

GHK Productions LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Trent R Nelson

Article 4. **Street address of the initial registered office:**

927 South 8th Street  
Manitowoc, WI 54220  
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A member or members

Article 6. **Name and complete address of each organizer:**

Trent R Nelson  
927 South 8th Street  
Manitowoc, WI 54220  
United States of America

Other Information. **This document was drafted by:**

Trent R Nelson

**Organizer Signature:**

Trent R Nelson

**Date & Time of Receipt:**

8/12/2020 3:28:05 PM

---

**ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)**

--

Filing Fee: \$130.00  
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin  
Department of Financial Institutions**

EFFECTIVE DATE	
8/12/2020	

<b>FILED</b> 8/12/2020	Entity ID Number G061941
---------------------------	-----------------------------

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

**GHK PRODUCTIONS 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 August 12, 2020.

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 February 23, 2021.

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: 289901-EC716E88