

M21000006948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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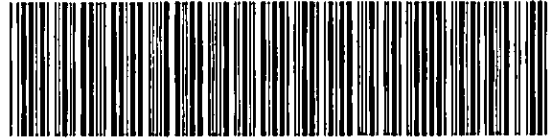
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

~~W227719~~  
SPT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2021

RICHARD A LATTA, ESQ  
222 WEST WASHINGTON AVENUE SUITE 900  
MADISON, WI 53703

SUBJECT: S & L PROPERTIES LECANTO LLC  
Ref. Number: W21000077119

We have received your document for S & L PROPERTIES LECANTO LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please remove in the member field amended/restated stevenson\* and put CHAD A. STEVENSON TRUSTEE AND JEFFREY J LIEGEL, TRUSTEE in the name field.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 921A00011463

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S & L Properties Lecanto 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:

Richard A. Latta, Esq.

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

Stafford Rosenbaum LLP

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

222 West Washington Avenue, Suite 900

\_\_\_\_\_  
Address

Madison, WI 53703

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

rlatta@staffordlaw.com

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

For further information concerning this matter, please call:

Richard A. Latta

608

259-2648

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. S & L Properties Lecanto 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. Delaware 86-2919153  
(Jurisdiction under the law of which foreign limited liability company is organized) (FLL 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. 2651 Kirking Court  
(Street Address of Principal Office)  
Portage, WI 53901

6. 2651 Kirking Court  
(Mailing Address)  
Portage, WI 53901

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

Name: CT Corporation

Office Address: 1200 South Pine Island Road, #250

Plantation Florida 33324  
(City) (Zip code)

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TALLAHASSEE, FL

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.

Nichol McCroy Nichol McCroy, Assistant Secretary  
(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]:

Title or Capacity:                      Name and Address:

☒ Manager      Name: FSI, Inc.

☐ Member      Address: 2651 Kirking Court

☐ Authorized      Portage, WI 53901

Jeffrey J. Liegel, CEO

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Chad A. Stevenson, Trustee

☒ Member      Address: N1756 County Road T

☐ Authorized      Endeavor, WI 53930

                    \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: Jeffrey J. Liegel, Trustee

☒ Member      Address: N8325 Dumke Road

☐ Authorized      Portage, WI 53901

                    \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    \_\_\_\_\_

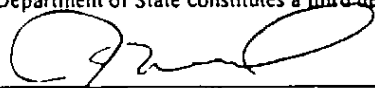
Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ 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

Jeffrey J. Liegel, CEO of FSI, Inc., its Realty Manager

Typed or printed name of signer


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S & L PROPERTIES LECANTO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

  
Jeffrey W. Bullock, Secretary of State

7977838 8300

SR# 20211527261

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203104076

Date: 04-30-21