M2100008230

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| John Land |
| Office Use Only |

900367230069

08/08/21-01014--035 **125.00

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JUN 29 2021 M. SOLOMON



COVER LETTER

TO: Registration Section Division of Corporations

Siesta Key Rentals II, LLC
SUBJECT:

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:

| Terrence J. Pecha | | | |
|---|----------------------------------|--------------------------|--|
| - <u></u> | Name of Person | | |
| Siesta Key Rentals II, LLC | | | |
| | Firm/Company | | |
| 11380 280th Avenue | | | |
| | Address | | |
| New Auburn, WI 54757 | | | |
| (| City/State and Zip Code | | |
| alex001@bloomer.net | | | |
| E-mail address: tto b | be used for future annual re | eport notification) | |
| r further information concerning this matter, please ec | all: | | |
| Joseph R. Mirr | 715 at () | 834-3425 | |
| Name of Contact Person | Area Code | Daytime Telephone Number | |
| Mailing Address: | Street Address: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |
| | Tallahassee, FL 32303 | | |

Enclosed is a check for the following amount:

| Please make check paya | ble to: FLORIDA DEPARTM | TE | NT OF STATE | |
|------------------------|-------------------------|----|-----------------------|-------------------------------------|
| ■ \$125.00 Filing Fee | □ \$130.00 Filing Fee & | | \$155.00 Filing Fee & | II \$160,00 Filing Fee, Certificate |
| - | Certificate of Statu | IS | Certified Copy | of Status & Certified Copy |



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

IN COMPLIANCE WITH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 | Siesta | Key | Rental | s II. | LLC |
|----|--------|-----|--------|-------|-----|
| 1. | | | | | |

| name unavailable, enter alternate | name adopted for the purpose of transacting business in l'fo | rida. The alternate name must include "Limited Liability C | "oinpany," "E.E.C," or " |
|---------------------------------------|---|--|--------------------------|
| Wisconsin | | 87-0955297 | |
| (Jurisdiction under the law of w | aw of which foreign limited liability company is organized) 3 (TEI number, if appli | | |
| June 21, 2021 | | | |
| | (Date first transacted business in Florida, if prior to is (See sections 605/0904 & 605/0905, F.S. to determin | egistration (rependity liability) | |
| 11380 280th Avenue | | 11380 280th Avenue | |
| reet Address of Principal Office) | | 6(Mailing Address) | |
| New Auburn, WI 5473 | 57 | New Auburn, WI 54757 | |
| | | | |
| | | | |
| | <u> </u> | | |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | - |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | |
| | Susan Nard | | |
| Name and <u>street addre</u> Name: | Susan Nard | | |
| | Susan Nard 8412 Sylvan Woods Drive | <u> </u> | • [•] • • |
| Name: | Susan Nard | <u> </u> | |

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.

(Registeren agent 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: | <u>Title or Capaci</u> | <u>tv:</u> | <u>Name an</u> | id Addre: | <u>ss:</u> | |
|--------------------|----------------------|------------------------|------------|----------------|---------------------------------|------------|-------------|
| □Manager | Name: | □Manager | Name: | | | | - |
| Member | Address: | □Member | Address: | | | | _ |
| Authorized | New Auburn, WI 54757 | Authorized | | | | | - |
| Person | | Person | | | | | _ |
| □Other | Other | □Other | | □Other_ | | | - |
| □Manager | Name: | □Manager | Name: | | | | _ |
| ⊡Member | Address: | ⊡Member | Address: | | | | _ |
| □Authorized | | Authorized | | | | | _ |
| Person | | Person | | _ | | | - |
| □Other | Other | □Other | | □Other_ | ·•• • | 1282 | _ |
| | | | | | | NN : | • - |
| □Manager | Name: | □Manager | Name: | | یا در با در روز در مرکز ا | 28 | - 1 [[]: |
| □Member | Address: | ⊡Member | Address: | | | | - 🗁 |
| Authorized | | Authorized | | | | 37 | _ |
| 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. 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

Terrence J. Pecha-

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

SIESTA KEY RENTALS II, 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 May 27, 2021.

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 May 27, 2021.

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:299218-305608A0

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2021

TERRENCE J. PECHA SIESTA KEY RENTALS II, LLC 11380 280TH AVENUE NEW AUBURN, WI 54757

SUBJECT: SIESTA KEY RENTALS II, LLC Ref. Number: W21000088776

We have received your document for SIESTA KEY RENTALS II, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

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

Mel Solomon Senior Section Administrator

Letter Number: 321A00013672

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