

M22000009276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

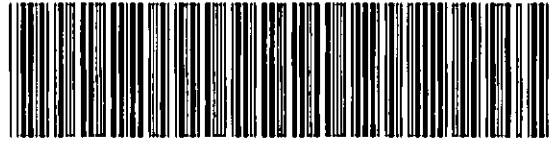
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2022 JUN 15 PM 12:24

APPROVED  
AND  
FILED

LAW OFFICES  
**ROETHE POPE ROETHE LLP**

JEFFREY T. ROETHE  
MATTHEW T. ROETHE  
MARK E. ROBINSON

*Wisconsin Lawyers:  
Expert Advisers. Serving You.*

JOHN T. ROETHE (1911-1975)

ROBERT G. KROHN, Retired  
DALE E. POPE, Retired  
DAVID J. ROSS, Retired

March 31, 2022

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

Re: BBL Vacations, LLC, a Wisconsin Limited Liability Company,  
registering for a Foreign Limited Liability Company in the State of  
Florida.

Dear Friends:

Enclosed are certain documents relating to BBL Vacations, LLC are certain documents relating to Bbl Vacations, LLC, a Wisconsin Limited Liability Company which is registering for Foreign authorization to transact business in Florida as follows:

1. Application for Foreign Limited Liability Company authorization;
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

I would ask that these be filed with the State of Florida, along with a check in the amount of \$125.00 of the filing fee and the \$25.00 filing fee for the Registered Agent.

In the event you have any questions, please feel free to contact me.

Thank you again.

Sincerely,

**ROETHE POPE ROETHE LLP**




Mark E. Robinson

e-mail: merobinson@roethelaw.com

jlw

enc.

24 N. Henry Street, PO Box 151, Edgerton, WI 53534, PH: 608-884-3391 FAX: 608-884-7018

**Reply to**  508 Campus Street, Ste. 101, Milton, WI 53563, PH: 608-868-4346 FAX: 608-884-7018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BBL Vacations, LLC, a Wisconsin Limited Liability Company

\_\_\_\_\_  
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:

Mike Boggs

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

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

427 Lakewood Drive

\_\_\_\_\_  
Address

Williams Bay, Wisconsin 53191

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

mboggs18@gmail.com

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

For further information concerning this matter, please call:

Mike Boggs

608

436-0459

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. BBL Vacations, LLC, a Wisconsin Limited Liability Company  
(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. 88-1381743  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Date of Filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 427 Lakewood Drive  
(Street Address of Principal Office) 6. (Mailing Address)

Williams Bay, WI 53191

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

Name: CT Corporation System

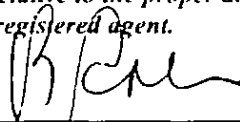
Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 JUN 15 PM 12:24

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):

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Michael Boggs

☐ Member      Address: 427 Lakewood Dr

☒ Authorized      Williams Bay WI 53191

Person      Michael Boggs

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

☐ Manager      Name: Deaton Boggs

☒ Member      Address: 427 Lakewood Dr

☐ Authorized      Williams Bay WI 53191

Person      Deaton Boggs

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

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

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

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Rebecca Jordan Boggs

☐ Member      Address: 427 Lakewood Dr

☒ Authorized      Williams Bay WI 53191

Person      Rebecca Boggs

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

☐ Manager      Name: Jackson Boggs

☒ Member      Address: 427 Lakewood Dr

☐ Authorized      Williams Bay WI 53191

Person      Jackson Boggs

☐ 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)

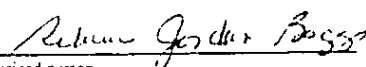
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Michael Boggs

Typed or printed name of signer



Rebecca Jordan Boggs

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, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**BBL VACATIONS, 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, 2022.

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, 181.0214 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 June 15, 2022.

A handwritten signature in black ink, appearing to read "Michelle Y. Knuese".

MICHELLE Y. KNUESE, 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: **334369-C39FD5F7**