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(Address)

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(City/State/Zip/Phone #)

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M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Island City Cottage Keepers L.L.C. 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:

Lynn Toigo

Name of Person

Firm/Company

9672 Manitou CT

Address

Minocqua, WI 54548

City/State and Zip Code

lynntoigo@gmail.com

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

For further information concerning this matter, please call:

Lynn Toigo at (715) 614-4587
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:

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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

This was sent (and cashed) check
with 1st set of forms #310c

This is a 2nd set of forms
with Corrections

**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. Island City Cottage Keepers L.L.C.

(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

46-1884416

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 4433 SE 8th Place

9672 Manitou CT

(Street Address of Principal Office)

6. _____
(Mailing Address)

Cape Coral, FL 33904

Minocqua, WI 54548

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

Name: Lynn Toigo

Office Address: 4433 SE 8th Place

Cape Coral 33904
(City) , Florida (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.

Lynn Toigo
(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 type="checkbox"/> Manager	Name: Lynn Toigo	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 9672 Manitou CT	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Minocqua, WI 54548	<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: Marc Toigo	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 9672 Manitou CT	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Minocqua, WI 54548	<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

Lynn Toigo

Typed or printed name of signee

DOM
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

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

ISLAND CITY KOTTAGE KEEPERS L.L.C.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is January 02, 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, 181.0214 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on July 8, 2022.

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

MICHELLE KNUESE, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

A handwritten signature in black ink, appearing to read "Manuela Francavilla".

BY: Manuela Francavilla



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2022

LYNN TOIGO
9672 MANITOU CT.
MINOCQUA, WI 54548

SUBJECT: ISLAND CITY KOTTAGE KEEPERS L.L.C.
Ref. Number: W22000098271

We have received your document for ISLAND CITY KOTTAGE KEEPERS L.L.C. and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Registered Agent must match the signature. Can only list 1 person as the Registered Agent. No title listed for Marc Toigo.

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

Mel Solomon
Senior Section Administrator

Letter Number: 922A00016832

RECEIVED

AUG 08 2022