

M22000012372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

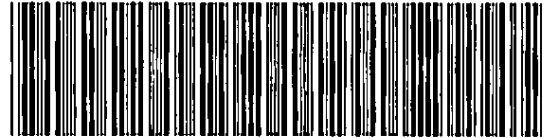
(Business Entity Name)

(Document Number)

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

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2022 AUG - 8 AM 10:30  
U.S. DEPARTMENT OF THE TREASURY  
INTERNAL SECURITY

AUG - 9 2022

M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Island City Kottage 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)

2022 AUG -8 AM 10:30

For further information concerning this matter, please call:

Lynn Toigo

715

614-4587

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

This was sent (and cashed) check #3100  
with 1st set of forms  
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 Kottage 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 3. 46-1884416  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. <u>4433 SE 8th Place</u> (Street Address of Principal Office)	6. <u>9672 Manitou CT</u> (Mailing Address)
<u>Cape Coral, FL 33904</u>	<u>Minocqua, WI 54548</u>
_____	_____
_____	_____

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, Florida 33904  
(City) (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)

2022 AUG -8 AM 10:30

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: Lynn Toigo

☒ Member              Address: 9672 Manitou CT

☐ Authorized              Minocqua, WI 54548

Person              \_\_\_\_\_

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

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

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

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

☐ Manager              Name: Marc Toigo

☒ Member              Address: 9672 Manitou CT

☐ Authorized              Minocqua, WI 54548

Person              \_\_\_\_\_

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

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

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.

Lynn Toigo  
Signature of an authorized person

Lynn Toigo  
Typed or printed name of signer

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