

M23000005519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

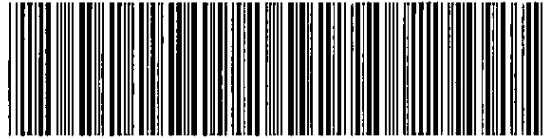
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
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US  
4/15/23

WILLIAM J. CHANDEK  
ASSOCIATES, LLC  
*Attorneys at Law*

April 12, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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2023 APR 17 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Re: Registration of EBCE 45, LLC, a Wisconsin limited liability company, to  
transact business in Florida**

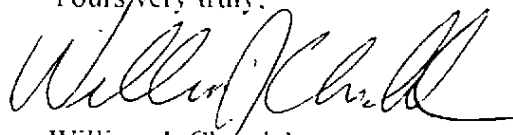
Dear Sir/Madam:

Enclosed please find the following which are enclosed for the purpose of receiving an  
Authorization to Transact Business in Florida for the above referenced limited liability  
company organized in Wisconsin:

- Form Cover Letter to the enclosed "Application by Foreign Limited Liability  
Company for Authorization to Transact Business in Florida."
- Application by Foreign Limited Liability Company for Authorization to Transact  
Business in Florida.
- Certificate of Status (equivalent to Florida's "Certificate of Existence").
- Check made payable to the FLORIDA DEPARTMENT OF STATE in the  
amount of \$155.00 as payment of the filing fee and certified copy fee.

If you have any questions or concerns, please feel free to contact me.

Yours very truly,

  
William J. Chandek

WJC/I  
Enclosures

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EBCE 45, 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:

William J. Chandek

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

William J. Chandek & Associates, LLC

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

333 Bishops Way, Suite 150

\_\_\_\_\_  
Address

Brookfield, WI 53005

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

wchandek@chandek-associates.com

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

William J. Chandek

262

821-2078

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. EBCE 45, 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. Wisconsin 3. Not applicable  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not applicable  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. S73W17240 Lake Drive 6. S73W17240 Lake Drive  
(Street Address of Principal Office) (Mailing Address)

Muskego, Wisconsin 53150-9353 Muskego, Wisconsin 53150-9353

United States of America United States of America

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

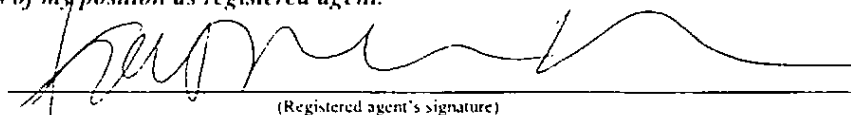
Name: Kathleen M. Nelson

Office Address: 2650 Estero Blvd., Unit #45

Fort Myers Beach 33931  
(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.

  
(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: Richard G. Nelson

☒ Member                      Address: S73W17240 Lake Drive

☐ Authorized                      Muskego, Wisconsin 53150-9353

United States of America

Person

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

☐ Manager                      Name: Kathleen M. Nelson

☒ Member                      Address: 2650 Estero Blvd., Unit #45

☐ Authorized                      Fort Myers Beach, Florida 33931

United States of America

Person

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

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

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

☐ Authorized                      \_\_\_\_\_

   \_\_\_\_\_

Person

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

Title or Capacity:                      Name and Address:

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

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

☐ Authorized                      \_\_\_\_\_

   \_\_\_\_\_

Person

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

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

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

☐ Authorized                      \_\_\_\_\_

   \_\_\_\_\_

Person

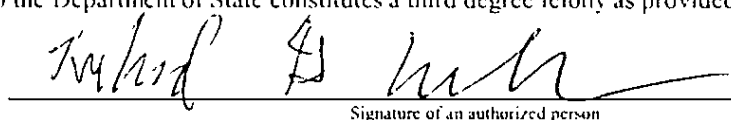
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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TALLAHASSEE, FL

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

Richard G. Nelson

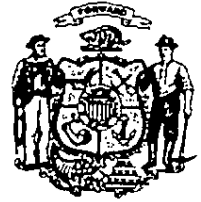
Typed or printed name of signer

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, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**EBCE 45, 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 30, 2018.

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 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.

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DEPT OF FINANCIAL INSTITUTIONS  
STATE OF WISCONSIN

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 12, 2023.

A handwritten signature in black ink, appearing to read 'Craig Heilman'.

CRAIG HEILMAN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

