11230008389

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enally Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200410691292

98/19/23--01010--010 **105.00

06/29/23--01007--001 **25.00

T. LEMIEUX
JUN 29 ZUZS

COVER LETTER

	Division of Corporations							
IDIC	H&L Rentals, LLC							
DOE	BJECT: Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Florida.						
ease r	return all correspondence concerning this matter t	to the following:						
	Eric M. Lange							
		Name of Person						
	H&L Rentals, LLC							
	Firm/Company							
	W6095 Highway 12							
	Address							
	Whitewater, WI 53190							
		City/State and Zip Code						
	ericmlange@yahoo.com							
	E-mail address: (to b	e used for future annual report notification)						
r furt	her information concerning this matter, please ca	ill:						
Mark Olm		262 473-1819 at ()						
	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 payable to: FLORIDA DEI \$\Begin{array}{c} \Boxed{S125.00} \text{ Filing Fee} \Boxed{S130.00} \text{ Filing Fee} \Boxed{Certificate 6}	ee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate						



June 22, 2023

ERIC M LANGE W6095 HWY 12 WHITEWATER, WI 53190

SUBJECT: H&L RENTALS, LLC Ref. Number: W23000087646

We have received your document for H&L RENTALS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$25.00 due.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 223A00014187

Tracy L Lemieux Regulatory Specialist II

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	С					
	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liabili	ity Company," "L.	L.C," or "L	l.C.")
Wisconsin		3.	83-2416475			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, i	(applicable)		
N/A						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration ne penalty	i) liability)	_		
W6095 Highway 12			W6095 Highway 12			
reet Address of Principal Office)		-	(Mailing Address)			
Whitewater, WI 53190			Whitewater, WI 53190	÷ -		
					2023	
					<u> </u>	
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)		() () ()	1.
						ſ
Name:	Registered Agents Inc			-	9.	
Office Address:	7901 4th St N STE 300				00	
	St. Petersburg	-	. Florida 33702 (Zip code)			
	(City)	_	(Zip code)			
signated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registe	red agent and agree to act in t	his capacity.	I furth	er aa

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:

Mame and Address:

□Manager	Name: Mary T. Horning	_	Name:		
ech e	Address: W6095 Highway 12	_ \$ Member	Address: W6095 Highway 12 Whitewater, WI 53190		
Member	Whitewater, Wt 53190	_			
□Authorized		_ Person			
Person	Other	_ Other	Other		
□Other					
□Manager	Name:	_ □Manager	Name:		
□Member	Address:	_ □Member	Address:		
□Authorized		_ □Authorized			
Person		Person			
□Other	Other	Other	□Other		
□Manager	Name:	_ □Manager	Name:		
□Member	Address:	_ □Member	Address:		
□Authorized		_ DAuthorized			
Person		Person			
□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

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

H&L RENTALS, 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 October 25, 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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 15, 2023.

CRAIG HEILMAN, 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: 2/2020 AFREEPOR