

M24000005171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

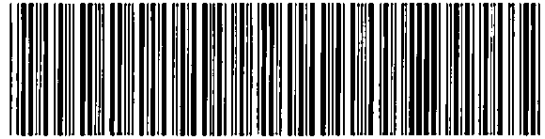
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900426174659

04/08/24--01029--015 \*\*150.00



04/08/24 11:33

MS



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FL 7613 Summerland Cove, LLC (a Wisconsin 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:

Patrick R Zimmer

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

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

1771 E Fence Lake Rd

\_\_\_\_\_  
Address

Minocqua, WI 54548

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

patrickRzimmer@gmail.com

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

For further information concerning this matter, please call:

Patrick R Zimmer

715

892-9884

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. FL 7613 Summerland Cove, 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  
(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. 1771 E Fence Lake Rd  
(Street Address of Principal Office)

6. 1771 E Fence Lake Rd  
(Mailing Address)

Minocqua, WI 54548

Minocqua, WI 54548

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

Name: Glenn Hoffman

Office Address: 17214 Seaford Way

Bradenton, Florida 34202  
(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)



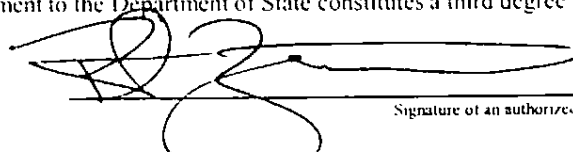
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Patrick R Zimmer</u>	<input type="checkbox"/> Manager	Name: <u>Laura K Zimmer</u>
<input type="checkbox"/> Member	Address: <u>1771 E Fence Lake Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>1771 E Fence Lake Rd</u>
<input type="checkbox"/> Authorized	<u>Minocqua, WI 54548</u>	<input type="checkbox"/> Authorized	<u>Minocqua, WI 54548</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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  
Patrick R Zimmer  
\_\_\_\_\_  
Typed or printed name of signee





State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

FL 7613 Summerland Cove, LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name and email address of the initial registered agent:**

Patrick R Zimmer  
patrickrzimmer@gmail.com

Article 4. **Street address of the initial registered office:**

1771 E Fence Lake Rd  
Minocqua, WI 54548-9618  
United States of America

Article 5. **Street address of the principal office:**

1771 E Fence Lake Rd  
Minocqua, WI 54548-9618  
United States of America

Article 6. **Name and complete address of each organizer:**

Patrick R Zimmer  
1771 E Fence Lake Rd  
Minocqua, WI 54548-9618  
United States of America

Other provisions (optional). (No other provisions declared.)

Other Information. **This document was drafted by:**

Patrick R Zimmer

**Organizer Signature:**

Patrick R Zimmer



**Date & Time of Receipt:**

4/1/2024 1:14:02 PM

**Order Number:**

202404016403535



**ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)**

Filing Fee: \$130.00  
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin  
Department of Financial Institutions**

EFFECTIVE DATE	
4/1/2024	

<b>FILED</b>	Entity ID Number F075163
--------------	-----------------------------





STATE OF WISCONSIN

## e-Payment Services

[Exit](#)

### Confirmation

You must click the "Continue" button below in order to return to the state agency's website.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **WS2CFI011259166**

### Payment Details

**Description** Dept of Financial Institution E-Payment  
DFI Online CC Purchase  
<https://www.wdft.org>

**Payment Amount** \$130.00

**Payment Date** 04/01/2024

**Status** PROCESSED

### Payment Method

**Payer Name** Patrick Zimmer

**Card Number** \*9189

**Card Type** Master Card

**Approval Code** 53336P

**Confirmation Email** patrickrzimmer@gmail.com

### Billing Address

**Address 1** 1771 E Fence Lake Rd

**City/Town** Minocqua

**State/Province/Region** WI

**Zip/Postal Code** 54548-9618

**Country** USA



**OPERATING AGREEMENT  
OF  
FL 7613 Summerland Cove, LLC**

a Wisconsin limited liability company

Dated as of April 1, 2024

Prepared by:

Patrick R. Zimmer  
1771 E Fence Lake Rd  
Minocqua, Wisconsin 54548  
Telephone: (715) 892-9884  
Email: [patrickrzimmer@gmail.com](mailto:patrickrzimmer@gmail.com)



**OPERATING AGREEMENT  
OF  
FL 7613 Summerland Cove, LLC**

**THIS OPERATING AGREEMENT of FL 7613 Summerland Cove, LLC**

(the "Company"), a limited liability company organized pursuant to the Wisconsin Limited Liability Company Act, Chapter 183, of the Wisconsin Statutes ("Act"), is entered into by and between the Company and Patrick and Laura Zimmer, husband and wife, the sole members of the Company (the "Member").

1. **Name.** The name of the Company is **FL 7613 Summerland Cove, LLC** and all business of the Company shall be conducted under that name.

2. **Effective Date/Term.** This Operating Agreement is effective as of March 31, 2024 (the "Effective Date"). The Company shall continue until it is dissolved under the terms of the Act.

3. **Nature of Business.** The Company may engage in any lawful business permitted by the Act or the laws of any jurisdiction in which the Company may do business.

4. **Registered Office and Agent.** The registered agent for service of process is Patrick R. Zimmer and the registered office is 1771 E Fence Lake Rd. Minocqua, Wisconsin, 54548. The Members may, from time-to-time, change the registered agent or office through appropriate filings with the Wisconsin Department of Financial Institutions.

5. **Accounting and Records.** The Company shall maintain the following records at its Principal Office:

- (a) A copy of the Articles of Organization of the Company (the "Articles") and all amendments thereto.
- (b) Copies of the Company's federal, foreign, state and local income tax returns and reports, if any, for the three most recent years.
- (c) Copies of this Operating Agreement including all amendments thereto.
- (d) Financial statements of the Company for the three most recent years.

6. **Name and Address.** The names and addresses of the Members are: Patrick and Laura Zimmer, each with a 50% membership interest in the company 1771 E Fence Lake Rd. Minocqua, Wisconsin. 54548



7. **Contributions.** The Members have made or shall make the following capital contributions: \$130 in cash in the form of payment of the filing fee with the Wisconsin Department of Financial Institutions (\$65 each). The Member has not agreed to make any additional contributions to the Company.

8. **Management.**

(a) **Manager.** The Company shall be manager managed by a Manager and, if so determined by the Members, an Assistant Manager. The initial Manager shall be **Patrick R. Zimmer**. As Manager, she may receive additional compensation for performing additional duties, as determined by the members from year to year. In addition to the title of Manager, the Manager may also be referred to as the President or any other title that the Members shall determine to use from time to time. The term of service of the Manager shall begin on the Effective Date and shall terminate on the earlier of the date on which the Member resigns as Manager or the date on which the Manager ceases to be a Member.

(b) **Assistant Manager.** In addition to the Manager, the Members may also designate an Assistant Manager. The initial Assistant Manager shall be Laura K. Zimmer. In addition to the title of Assistant Manager, the Assistant Manager may also be referred to as the Vice-President or any other title that the Members authorize in writing from time to time. The term of service of the Assistant Manager shall begin on the Effective Date and shall terminate on the earliest of the date on which the Member resigns as Assistant Manager, the date on which the Members remove the Assistant Manager or the date on which the Assistant Manager dies. The Assistant Manager shall be entitled to exercise all of the rights, authority and powers of the Manager under the LLC Act and under this Agreement:

(1) If and to the extent that the Members expressly so provides in writing; or

(2) If the Member dies; or

(3) If and to the extent that, during any period, the Member is incapable of acting as a manager because of the Member's absence or because of any physical or mental disability of the Member.

(c) **Appointing and Removing Managers after Initial Managers.** The Members or the Members' successors (or, in the event of the Member's death or incompetence, the Member's personal representative, agent under a power of attorney, trustee, or guardian) in their sole discretion may, without liability, appoint or remove any Manager or Assistant Manager at any time with or without cause by unanimous consent of the Members.

9. **Entire Agreement.** This Operating Agreement and the Act represent the entire agreement by and between the Members and the Company. This Agreement may be amended at any time in writing by unanimous consent of the Members.



**IN WITNESS WHEREOF**, the Company and the Member have executed this Operating Agreement as of the Effective Date.

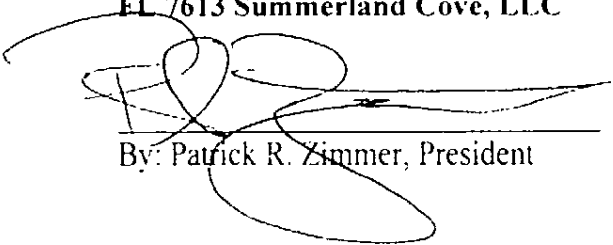
**MEMBERS:**



Patrick Zimmer

Laura Zimmer

**EL 7613 Summerland Cove, LLC**



By: Patrick R. Zimmer, President



**EXHIBIT A**  
**CAPITAL CONTRIBUTIONS**

<u>Name</u>		<u>Description</u>	<u>Value</u>
Patrick Zimmer	(50%)	Filing Fee to WDFI	\$65.00
Laura Zimmer	(50%)	Filing Fee to WDFI	\$65.00

*\*For federal tax purposes, the Company is considered a Single-Member LLC because the members are husband and wife.*