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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

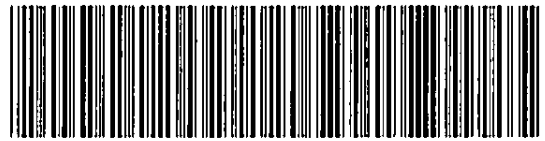
(Business Entity Name)

(Document Number)

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T. LEMIEUX

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W24  
91525

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Jericho Drive LLC, a Wisconsin limited liability company

**SUBJECT:** \_\_\_\_\_  
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:

Jennifer M. Tenney, Esq.

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Name of Person

Tenney Law, PLLC

Firm/Company	Country	Year	Sample Size	Method	Findings
Firm A	USA	2000	100	Survey	Positive
Firm B	UK	2001	150	Interview	Mixed
Firm C	Canada	2002	200	Survey	Positive
Firm D	Australia	2003	120	Interview	Mixed
Firm E	Germany	2004	180	Survey	Positive
Firm F	France	2005	160	Interview	Mixed
Firm G	Japan	2006	220	Survey	Positive
Firm H	Italy	2007	140	Interview	Mixed
Firm I	Spain	2008	190	Survey	Positive
Firm J	Sweden	2009	170	Interview	Mixed
Firm K	Netherlands	2010	210	Survey	Positive
Firm L	Belgium	2011	130	Interview	Mixed
Firm M	Portugal	2012	180	Survey	Positive
Firm N	Greece	2013	160	Interview	Mixed
Firm O	Poland	2014	200	Survey	Positive
Firm P	Czech Republic	2015	150	Interview	Mixed
Firm Q	Hungary	2016	190	Survey	Positive
Firm R	Slovakia	2017	140	Interview	Mixed
Firm S	Slovenia	2018	180	Survey	Positive
Firm T	Croatia	2019	160	Interview	Mixed
Firm U	Bulgaria	2020	210	Survey	Positive
Firm V	Romania	2021	150	Interview	Mixed
Firm W	Lithuania	2022	190	Survey	

1770 San Marco Rd, Suite 201

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Address

Marco Island, FL 34145

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

jtenney@tenneylawmarco.com

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

For further information concerning this matter, please call:

**Jennifer M. Tenney, Esq.**

Jennifer M. Tenney, Esq. 239 610-1101  
 \_\_\_\_\_ 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2024

JENNIFER M TENNEY, ESQ  
1770 SAN MARCO RD STE 201  
MARCO ISLAND, FL 34145

SUBJECT: JERICHO DRIVE, LLC  
Ref. Number: W24000091525

We have received your document for JERICHO DRIVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 524A00013114

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

3. 20-8305403  
(FBI 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. 5450 Shirley St  
(Street Address of Principal Office)  
Naples, FL 34109

6. 6625 Charles St  
(Mailing Address)  
Racine, WI 53402

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

Name: Tenney Law PLLC

Office Address: 1770 San Marco Rd, Suite 201

Marco Island, Florida 34145  
(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)

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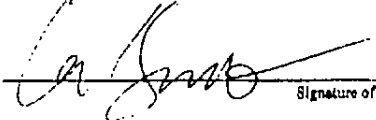
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Lee Krmpotich	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6625 Charles St	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Racine, WI 53402	<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 _____
<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  
Lee Krmpotich  
\_\_\_\_\_  
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

**JERICO DRIVE 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 January 25, 2007.

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 21, 2024.

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

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

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DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: **391939-B1BDE3B3**