

12400008866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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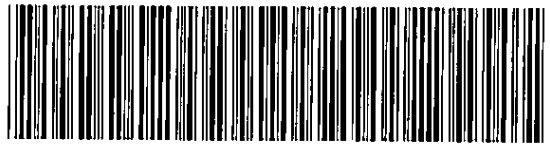
(Business Entity Name)

(Document Number)

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JUN 10 2024

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T. LEMIEUX  
JUL 12 2024

12400008866  
9/634

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Derse Europe, 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:

Scott Tysen

Name of Person

Derse, Inc.

Firm Company

3800 W Canal St

Address

Milwaukee, WI 53208

City, State and Zip Code

amvoice@a-derse.com

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

For further information concerning this matter, please call

Scott Tysen

414

290-3086

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

SCOTT TYSEN  
3800 W CANAL ST  
MILWAUKEE, WI 53208

SUBJECT: DERSE EUROPE, LLC  
Ref. Number: W24000091634

We have received your document for DERSE EUROPE, LLC and your check(s) totaling \$160.00. 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: 624A00013132

**RECEIVED**

JUL - 9 2024

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Derse Europe, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company", "LLC", or "LLC")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLC")

2. Wisconsin 99-1690295  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. June 1st, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.02(4)(A) & 605.02(5)(F), F.S., to determine penalty liability.)

5. 3800 W Canal St  
(Street Address of Principal Office)  
Milwaukee, WI 53208  
6. 3800 W Canal St  
(Mailing Address)  
Milwaukee, WI 53208

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

Name: Nebula Exhibits

Office Address: 2180 N Park Ave, Suite 318

Winter Park 32789  
Florida 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.

STT  
(Registered agent's signature)

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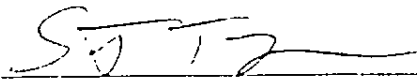
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Mike Libow</u>	<input type="checkbox"/> Manager	Name: <u>Scott Tysen</u>
<input type="checkbox"/> Member	Address: <u>2180 N Park Ave, Suite 318</u>	<input type="checkbox"/> Member	Address: <u>3800 W Canal St</u>
<input checked="" type="checkbox"/> Authorized	<u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Authorized	<u>Milwaukee, WI 53208</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Dan Serebin</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brett Haney</u>
<input type="checkbox"/> Member	Address: <u>3800 W Canal St</u>	<input type="checkbox"/> Member	Address: <u>3800 W Canal St</u>
<input checked="" type="checkbox"/> Authorized	<u>Milwaukee, WI 53208</u>	<input type="checkbox"/> Authorized	<u>Milwaukee, WI 53208</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Steve Martin</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3800 W Canal St</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Milwaukee, WI 53208</u>	<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

Scott Tysen  
 \_\_\_\_\_  
 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

**DERSE EUROPE, 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 19, 2024.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., and that said corporation or limited liability company 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 27, 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

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: 392433-251BEA57