

M24 000011573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

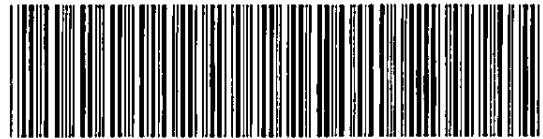
(Document Number)

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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C." or the designation "L.L.C."

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

|           |                                  |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application       |
| \$ 25.00  | Designation of Registered Agent  |
| \$ 30.00  | Certified Copy (optional)        |
| \$ 5.00   | Certificate of Status (optional) |

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org). There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

**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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INSAECULA GROUP 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:

STEVEN RADOVICH  
Name of Person

INSAECULA GROUP LLC  
Firm/Company

1065 PAR COURT  
Address

WINTER HAVEN FL 33881  
City/State and Zip Code

SRADOVICH25@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN RADOVICH at ( 414 ) 943-5678  
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. INSAECULA GROUP 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. WYOMING  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1243889  
(FEI number, if applicable)

4. 01/02/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1065 PAR COURT  
(Street Address of Principal Office)

6. 1065 PAR COURT  
(Mailing Address)

WINTER HAVEN FL 33881

WINTER HAVEN FL 33881

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

Name: STEVEN RADOVICH

Office Address: 1065 PAR COURT

WINTER HAVEN, Florida 33881  
(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.

[Signature]  
(Registered agent's signature)

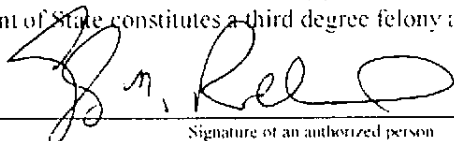
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u> |  | <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u> |  |
|--|----------|--------------------------|--|--|----------|--------------------------|--|
| <input type="checkbox"/> Manager           | Name:    | STEVEN RADOVICH          |  | <input type="checkbox"/> Manager           | Name:    | AARON HOWELL             |  |
| <input checked="" type="checkbox"/> Member | Address: | 1065 PAR COURT           |  | <input checked="" type="checkbox"/> Member | Address: | 1511 N WATER ST          |  |
| <input type="checkbox"/> Authorized        |          | WINTER HAVEN             |  | <input type="checkbox"/> Authorized        |          | UNIT 420                 |  |
| Person                                     |          | FL 33881                 |  | Person                                     |          | MILWAUKEE WI 53202       |  |
| <input type="checkbox"/> Other             |          |                          |  | <input type="checkbox"/> Other             |          |                          |  |
|  |          |                          |  |  |          |                          |  |
| <input type="checkbox"/> Manager           | Name:    | GERALD TRUMBLE JR        |  | <input type="checkbox"/> Manager           | Name:    | KEITH APFELBECK          |  |
| <input checked="" type="checkbox"/> Member | Address: | 23 VILLAGE DR            |  | <input checked="" type="checkbox"/> Member | Address: | 6737 CLAY RIDGE RD       |  |
| <input type="checkbox"/> Authorized        |          | WHEELING WY 26003        |  | <input type="checkbox"/> Authorized        |          | CEDAR GROVE WI 53013     |  |
| Person                                     |          |                          |  | Person                                     |          |                          |  |
| <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             |          |                          |  |

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

STEVEN M. RADOVICH

Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Insaecula Group LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 16, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001013725**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of August, 2024 at 10:17 AM. This certificate is assigned ID Number 075511519.



  
Secretary of State