Sec. 183.1004 & 183.1006 Wis. Stats.

State of Wisconsin DEPARTMENT OF FINANCIAL INSTITUTIONS Division of Corporate & Consumer Services



FOREIGN LIMITED LIABILITY COMPANY - CERTIFICATE OF REGISTRATION APPLICATION

Indicate (X) below if the application is for a (A) ORIGINAL or (B) for an AMENDED certificate.

| <u></u> | | | | | |
|---|-------------------------|-------------------------|--|--|--|
| ORIGINAL certificate of registration Name of limited liability company | | | 2. State or Country of Organization | | |
| | | | | | |
| OR | | | | | |
| AMENDED certificate of registration (If changed, enter the new name or new state or country of organization. Also, enter the old name in section A above, and complete all other items, except item 8. Name of limited liability company | | | 2. State or Country of Organization | | |
| | | | • | | |
| If the company's name does not satisfy sec. 183.0103(1) and (2), Wis. Stats., provide the fictitious name under which it proposes to register and transact business in Wisconsin. (See instructions) | | | | | |
| | | | | | |
| 3. Name of Registered Agent in Wisconsin | | | | | |
| | | | | | |
| 4. Street Address of Registered Office in Wisconsin | | | | | |
| City | | State WI | Zip Code | | |
| | | | | | |
| 5. Address of Office (Complete address | s. includina street & i | number, city, state and | ZIP code , of the | | |
| 5 . Address of Office (<u>Complete address, including street & number, city, state and ZIP code</u> , of the office the company is required by law to maintain in its state of organization. If no such office is required, provide the address of the company's principal office.) | | | | | |
| Address | | PO Box | | | |
| City | State/Province | Country | Zip/Postal Code | | |
| | | | | | |
| 6. Date of Organization: | | | | | |

| 7. Management of the foreign limited liability company is vested in: | | | | | | |
|--|---------------------|-----------------------------------|----------|---------------------|--|--|
| \Box a manager or m | nanagers | ☐ its membe | ers | | | |
| 8. Has the company trans registration? | acted business in \ | Wisconsin withou | t holdir | ng a certificate of | | |
| ☐ No ☐ Yes If yes , state the period and complete the supplement below. (see instructions) | | | | | | |
| | SUPI | PLEMENT | | | | |
| Basic registration fee | | | | \$ 100.00 | | |
| PLUS annual report fee for each year (each calendar year X fee) 1995 through 2001, \$50 each year; | | | | | | |
| 2002 thru \$80 each year | | | \$ | | | |
| | | Subto | tal | \$ | | |
| Calculate and ADD a 50% penalty to the subtotal, or \$5,000, whichever is less | | | \$ | | | |
| TOTAL FILING FEE (post to item 9) | | | \$ | | | |
| 9. Remit the one appropriate FILING FEE, payable to Department of Financial Institutions: | | | | | | |
| ORIGINAL Certificate | | AL Certificate, lemental above | OR | AMENDED Certificate | | |
| \$ 100.00 | \$ | | | \$ 40.00 | | |
| 10. I certify that the applicant is a foreign limited liability company. | | | | | | |
| Executed on | | | | | | |
| | (Date) | | | (Signature) | | |
| | ☐ Manager | | | | | |
| (Select and mark (X) the | appropriate title) | | (Printe | ed name) | | |

INSTRUCTIONS (Ref. sec. 183.1004 or 183.1006, Wis. Stats. for document content)

Submit one original and one exact copy along with the required filing fee determined in item 9 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise as allowed under sec. 183.0107(1g)(c).

Mailing Address:

Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846

Madison WI 53707-7846

Physical Address for Express Mail: Department of Financial Institutions

Division of Corporate & Consumer Services

345 W. Washington Ave – 3rd Fl.

Madison WI 53703

Phone: 608-261-7577 FAX: 608-267-6813

TTY: 608-266-8818

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

The name of the foreign limited liability company must include the words "limited liability company", "limited liability co.", or end with the abbreviation "L.L.C." or "LLC". If the name under which the foreign limited liability company is organized does not satisfy that requirement, it may register under a fictitious name that includes one of the required terms (see item **C**). It may also register under a fictitious name if its name is indistinguishable upon the records of the department from another entity already on record.

- 1 & 2. (A) For an ORIGINAL certificate, complete items A1 and 2, and items 3 thru 10. Complete **item C**, if necessary, to satisfy the name requirements indicated above, and the Supplement if the company has transacted business in Wisconsin without holding a certificate of registration.
- 1 & 2. (B) For an AMENDED certificate, complete items B1 and 2, 3 thru 7 and 9 and 10. A foreign limited liability company registered in this state must apply for an amended certificate of registration if it changes any of the following: its name or the fictitious name under which it is licensed; the state under whose laws it is organized or its date of organization; the vesting of management of the company. If the company is changing its name or state of organization, indicate the old name and old state in items A1 and 2 and the new name and new state in items B1 and 2. Complete item C, if necessary for the new name to satisfy the name requirements indicated above.
- (C) If circumstances require, provide the fictitious name under which the foreign limited liability company proposes to register in Wisconsin.
- 3 & 4. The foreign limited liability company must continuously maintain a registered agent and registered office within Wisconsin. It cannot name itself as its own registered agent. The address of the registered office must be a physical location. Provide the street number and name, city and ZIP code in Wisconsin.
- 5 & 6. Provide the complete address, including street and number, city, state, country and ZIP code of the office the company is required by law to maintain in its state or country of organization. If no such office is required, provide the address of the company's principal office. Indicate the date of organization of the foreign limited liability company.

FOREIGN LIMITED LIABILITY COMPANY - CERTIFICATE OF REGISTRATION APPLICATION

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| L | J. | | | | | | |
| | | | | | | | |
| ▲ Enter your return address within the brackets above. | | | | | | | |
| Phone number during the day: (|) | _ | | | | | |
| INSTRUCTIONS (Continued) | | | | | | | |

- 7. Indicate whether management of the company is vested in a manager or managers, or in its members.
- 8. Indicate whether the company has transacted business in Wisconsin without holding a certificate of registration. If the response is "Yes", indicate the period by inserting the date range that the company was transacting business without a certificate of registration. Example: January 1, 2000 to March 5, 2005. Complete the supplement and compute the filing fee under the supplement.
- 9. Determine the FILING FEE from item 9 and remit the fee by check payable to "Department of Financial Institutions."
- 10. The application is to be certified as required by sec. 183.1004(7) and executed by either a member or a manager of the company. Print or type the name of the person signing the application, the date, and indicate whether signing as a member or as a manager.

NOTE: Foreign limited liability companies have an annual report filing obligation with the Department. Report forms will be mailed by the department to the company's registered agent and office in Wisconsin. Due date for the report is March 31.