

F19000003403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

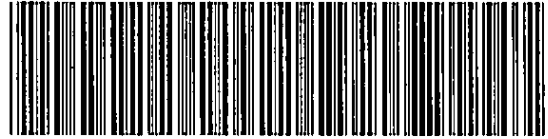
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/17/13--01014--014 **67.50

07/24/13--01013--001 **650.00

FILED
2019 JUL 19 PM 4:38
CLERK OF COURT
JUL 24 2019

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JUL 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2019

KURT SANDMAN
1587 30TH AVE S
MOORHEAD, MN 56560

SUBJECT: SANDMAN & ASSOCIATES CONSULTING CORPORATION
Ref. Number: W19000060214

We have received your document for SANDMAN & ASSOCIATES CONSULTING CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00013020

RECEIVED
JUL 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

Sandman & Associates Consulting, P.C.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kurt Sandman

Name of Person

Sandman & Associates Consulting, P.C.

Firm/Company

1587 30th Ave S

Address

Moorhead, MN 56560

City/State and Zip code

judy.foss@sandmanse.com

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

For further information concerning this matter, please call:

Judy Foss

218

227-0022

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2019 JUL 19 PM 4:38

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Sandman & Associates Consulting, P.C.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Sandman & Associates Consulting CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 26-3322988
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/21/2008 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 2018

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1587 30th Ave S, Moorhead, MN 56560

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Andrea Gault, Asst Secretary, Business Filings Incorporated
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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2019 JUL 19 PM 4:08
TALLAHASSEE

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kurt Sandman
Address: 1587 30th Ave S
Moorhead MN 56560

Vice Chairman: Mitch Okeson
Address: 1587 30th Ave S
Moorhead MN 56560

Director:
Address:

Director:
Address:

B. OFFICERS

President: Kurt Sandman
Address: 1587 30th Ave S
Moorhead MN 56560

Vice President: Mitch Okeson
Address: 1587 30th Ave S
Moorhead MN 56560

Secretary: Nathan Hoffmann
Address: 1587 30th Ave S, Moorhead MN 56560

Treasurer: Mitch Okeson
Address: 1587 30th Ave S, Moorhead MN 56560

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

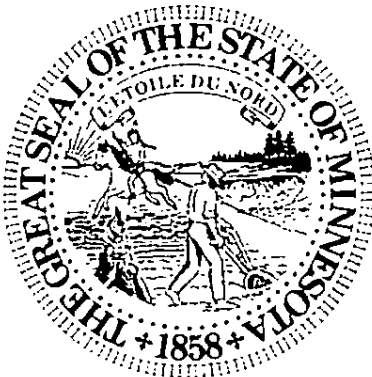
13. Kurt Sandman, President/Principal Engineer
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	SANDMAN & ASSOCIATES CONSULTING, P.C.
Date Filed:	08/21/2008
File Number:	2978973-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/11/2019



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota