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Office Use Only



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MAY 2 9 2015 T. BROWN

COVER LETTER

TO:	Registration of	n Section Corporation	s				
SUBJI		ure LLC					
			Name of I	Limited Liability (Company		
The en Exister	closed "Appl nce, and checl	ication by Fore care submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza	ation to Tra ted liability	nsact Business in Florida." Certificate company to transact business in Flor	e o ida
Please	return all con	respondence co	oncerning this matter to the	following:			
	K	evin Orth					
			Na	ime of Person		<u> </u>	
	F	RSecure LLC					
	Firm/Company						
	141 W 1st Street Suite 300 Address						
	Waconia MN 55387						
		City/State and Zip Code					
	kor	th@frsecure.co	om				
		· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual	report noti	fication)	
For fur	ther informati	on concerning	this matter, please call:				
	Kevin Orth	1		952 at (467-638	31	
	_	Name of	Contact Person	Area Code	Dayı	time Telephone Number	
		327			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
Enclos	ed is a check t	for the following Filing Fee	ng amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	■ \$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. LINITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, FRSecure LLC		
i.	ign Limited Liability Company; must include "Limited Liability Company." "L.L.C" or "I	.LC.")
(If name unavailable, enter all Liability Company,""L.L.C,	ternate name adopted for the purpose of transacting business in Florida. The alternate name ' or "LLC.")	must include "Limited
2. Minnesota	3. 26-3547185	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number. if applicable)	
4. 6/1/2015 - Have not do	one business yet	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 141 W 1st Street Suite	300	
Waconia MN 55387		15 7AL 8E
141 331 400 40 40	(Street Address of Principal Office)	59 3
6. 141 W 1st Street Suite	300	HO 2
Waconia MN 55387		28 ASSI
<u> </u>	(Mailing Address)	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	PN 12: 21
Name:	InCorp Services, Inc.	
Office Address:	17888 67th Court North	> *
	Loxahatchee , Florida 33470	
***	(City) (Zip code)	
Registered agent's accep <i>Having been named as re</i>	tance: gistered agent and to accept service of process for the above stated corporation a	t the place designated in
this application, I hereby with the provisions of all s	accept the appointment as registered agent and agree to act in this capacity. I fu statutes relative to the proper and complete performance of my duties, and I am	rther agree to comply
the obligations of my posi	1.	1
	(Registered agent's signature)	es, inc.
8. The name, title or caps	ecity and address of the person(s) who has/have authority to manage is/are:	
Kevin Orth, Member, 911	7 Partridge Rd, Minnetrista MN 55375	
		· · · · · · · · · · · · · · · · · · ·
		
 Attached is a certificate jurisdiction under the law of the translator must be st 	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of abmitted)	astody of records in the the certificate under oath
	Signature of an authorized person	
(In accordance with section the facts stated herein are to degree felony as provided	n 605.0203, F.S., the execution of this document constitutes an affirmation under the rue. I am aware that any false information submitted in a document to the Departm for in s.817.155, F.S.)	ne penalties of perjury that ent of State constitutes a thin
	Kevin Orth	

Typed or printed name of signee

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:

FRSecure LLC

Date Filed:

08/27/2008

File Number:

2985654-7

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/20/2015

Here Vimm



Steve Simon

Secretary of State State of Minnesota