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To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Fibercare, LLC

Certificate of Status	0
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DEC 18 2015

J. BRUCE



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Fibercare, 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. Minnesota (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-5558485 (FEI number, if applicable)

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

5. 1907 Wayzata Blvd., Suite 240, Wayzata, MN 55391 (Street Address of Principal Office)

6. Same as Principal (Mailing Address)

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (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.

By: C T Corporation System April Wittenwyler (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Bruce Kienke, 1907 Wayzata Blvd., Suite 240, Wayzata, MN 55391 Manager Fibercare, Inc., 1907 Wayzata Blvd., Suite 240, Wayzata, MN 55391 Manager

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)

Oslem Gondrowski Signature of an authorized person

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.

Ashton Gondrowski, President of Fibercare, Inc., Member Typed or printed name of signee

FILED 2015 DEC 17 P 1:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

**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:	Fibercare, LLC
Date Filed:	11/10/2015
File Number:	853494200039
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/16/2015



*Steve Simon*  
Steve Simon  
Secretary of State  
State of Minnesota