

MIBACROSS MI

(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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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/30/18

****WALK IN****

ENTITY NAME Restaurant Equipment Maintenance

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

THIS IS A 1-2 FILING

File this 2nd

XXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

2018 MAY 30 A B 15

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****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 125.00

CHECK # ~~4880~~ 4881

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. Restaurant Equipment Maintenance Company, I.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Restaurant Equipment Maintenance, 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. Delaware 3. 63-1121139
(Jurisdiction under the law of which foreign limited liability company is organized) (F.T.I. 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. 386 Wabasha Street North 6. 386 Wabasha Street North
(Street Address of Principal Office) (Mailing Address)
St. Paul, MN 55102-2233 St. Paul, MN 55102-2233

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

Name: CT Corporation System
 Office Address: 1200 South Pine Island Road
Plantation, FL, Florida 33324
(City) (Zip code)

2019 MAY 30 AM 10:15
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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.

Karen Fugelsang Asst. Secretary
(By registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager, CEO, Sec.</u>	<u>William H. Emory</u> <u>386 Wabasha Street North</u> <u>St. Paul, MN 55102-2233</u>	<u>Manager</u>	<u>Gyner Ozgul</u> <u>386 Wabasha Street North</u> <u>St. Paul, MN 55102-2233</u>
<u>Manager</u>	<u>Brandan Helzer</u> <u>386 Wabasha Street North</u> <u>St. Paul, MN 55102-2233</u>	<u>VP, Controller, Treas</u>	<u>Corey Wirtz</u> <u>386 Wabasha Street North</u> <u>St. Paul, MN 55102-2233</u>

(Use attachments if necessary)

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.

William H. Emory
 Signature of an authorized person

William H. Emory
Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESTAURANT EQUIPMENT MAINTENANCE COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESTAURANT EQUIPMENT MAINTENANCE COMPANY, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2018 MAY 30 A 8:15
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Jeffrey W. Bullock, Secretary of State

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SR# 20184493462

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202777877

Date: 05-29-18