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COVER LETTER

	Division of Corporations			
SUBJEC	Psalm 100, LLC CT:			
		e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida		
Please re	eturn all correspondence concerning this matter t	o the following:		
	Paul A. Zimmer			
		Name of Person		
	Courey, Kosanda & Zimmer, P.A.			
		Firm/Company		
	505 Highway 169 North, Suite 350			
		Address		
	Minneapolis, MN 55441			
		City/State and Zip Code		
	jtripp@revobg.com			
	E-mail address: (to be	e used for future annual report notification)		
For furth	ner information concerning this matter, please ca	И:		
	Paul A. Zimmer	763 398-0441 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32314	Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF	PARTMENT OF STATE		
	■ \$125.00 Filing Fee □ \$130.00 Filing Fe	re & \$\Boxed{\Boxes}\$ \$155.00 Filing Fee & \$\Boxed{\Boxes}\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Psalm 100, LLC	Limited Liability Company; must include "Limite	ed Leability	Company, ""L.L.C.," or "LLC.")		_
(,	• •		
l'name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The s	lternate name must include "Limited Liability C	Company," "L.L.C," or	TICT
Minnesota		•			
(Jurisdiction under the law of which foreign limited lizhility company is organized)		3. (FEI number, if applicable)			-
)	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 603.0905, F.S. to determ	registration.)		
	(See sections 605.0904 & 605.0905, F.S. to determ				
		5650 Juneau Lane North (Mailing Address)			
Street Address of Principal Office)			(Mailing Address)		-
Plymouth, MN 55446			Plymouth, MN 55446		
	<u>.</u>	-			73. 73.
				三名	1022 H.A
	. 1100	-			
7. Name and street address	ss of Florida registered agent: (P.O. Bor	k <u>NOT</u> a	oceptable)	<u> </u>	5
				15 CD 17 TB 17 TB	2
Name:	Judy Beck			ES F	7: 43
ranc.				ر تا ب	ည်
Office Address:	4801 Bonita Bay Boulevard, #1901				
	Bonita Springs		34134		
	Donna Springs		, Florida		

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Howard R. Tripp, II	□Manager	Name:
□Member	Address: 5650 Juneau Lane North	□Member	Address:
□Authorized	Plymouth, MN 55446	□Authorized	
Person		Person	
President	Other	□Other	□Other
□Manager	Name: Julie A. Tripp	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Plymouth, MN 55446	□Authorized	
Person		Person	
■Other Treasurer	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Signature of an authorized person

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: Psalm 100, LLC

Date Filed: 04/18/2022

File Number: 1309791600026

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 05/03/2022

NAME OF THE STATE OF THE STATE

Steve Simon

Secretary of State State of Minnesota

Steve Pimm