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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SHRI	1111 & 1201 29th Avenue LEC JECT:	
SODO		e of Limited Liability Company
The er Existe	inclosed "Application by Foreign Limited Liability of the above and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please	e return all correspondence concerning this matter to	o the following:
	Bridget C. Anderson	
	-	Name of Person
	Courey, Kosanda & Zimmer, P.A.	
		Firm/Company
	505 Highway 169 N, Suite 350	
		Address
	Minneapolis, MN 55441	
	C	City/State and Zip Code
	banderson@ckzlawfirm.com	
	E-mail address: (to be	e used for future annual report notification)
For fu	urther information concerning this matter, please cal	П:
	Bridget C. Anderson	763 398-0441 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP  \$125.00 Filing Fee  \$130.00 Filing Fe  Certificate of	e & 🔲 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

## APPLICATION BY FOREIGN LIMITED CIABILITY COMPANY FOR ALTHORIZATION TO TRANSACT BESINESS IN FLORIDA

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J. Language Commission of the	· ————————————————————————————————————
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Montacello, MN 55362	Montestio MN 9362
Name and <u>street address</u> of Florida registered agent $_{i}(P_{i}(t) Bus)$	NOT acceptable)
	_ `
_ BRIAN_T	ims all
	11710 N
5577 BURN	TBRANCH CIR
Office Address	Hendu 3423/2_
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SOWNCATA	- Illusti - 17 Z

Registered agen'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 agreed to comply with the privations of all statutes relative to the proper and complete performance of ms duties, and I am familiar with [17] and accept the abiligations of my position as registered agent.

2023 JUN 26 AM 10: 24

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 Capacit	Name and Address:
□Manager	Name Chad R. Latvanho	Manager	Name Stacy L. Latvanho
■ Member	Address 9 Riverside Circle	■ Member	9 Riverside Circle
Authorized	Monticello, MN 55362	Authorized	Monticello, MN 55362
Person		Person	
T.Other	Other	Other	Other
Manager	Name:	Manager	Name
_Member	Address.	Member	Address
LAuthorized		Authorized	
Person	<del></del>	Person	
Other	Other	Other	
_Manager	Name.	Manager	Name
Member	Address,	Member	Vddress
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 filling 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. Furn aware that any faSc information submitted in a document to the Department of State constitutes a third degree (clony as provided for in 8.817.155,  $\Gamma.8$ ).

Chad R. Latvanho

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: 1111 & 1201 29th Avenue LLC

Date Filed: 05/26/2023

File Number: 1393245200028

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 06/22/2023

OF THE ST.

Steve Simon

Secretary of State State of Minnesota

Steve Pimm

505 Highway 169 North, Suite 350 Minneapolis, Minnesota 55441



Telephone: (763) 398-0441

Fax: (763) 398-0062

BRIDGET C. ANDERSON banderson@ckzlawfirm.com

June 22, 2023

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

Re: 1111 & 1201 29th Avenue LLC

Dear Sir or Madam:

Enclosed for filing with your office, with regard to the above-referenced company, are the following documents:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and
- 3. Certificate of Good Standing.

This firm's check in the amount of \$125.00 is also enclosed for the filing fee.

We understand that we will receive a letter of acknowledgement after the enclosed Application has been processed with your office. If you should have any questions or need anything further in order to process this request, please feel free to contact our office.

Sincerely,

Bridget C. Anderson

/bca Enclosures