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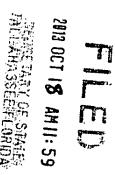
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DU DRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 73 GCD, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certif Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please return all correspondence concerning this matter to the following:	
STUART J MORTRUDE	
Name of Person	
Firm/Company	
4579 GREENWOOD DR	
Address	÷
MINNETONKA, MN 55343	(margaret
City/State and Zip Code	CHEMINA.
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	Tues of
STUART MORTRUDE at (612) 950-9275 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \Be	ıte

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 73 GCD, UC (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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) GREENWOOD DR (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as folio 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: RESIDENTIAL RENTAL Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Strart T. Mortrode

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Company is:	٠
If unavailable, (he alternate to be used in the state of Florida is:	
2. The name ar	d the Plorida street address of the registered agent and office are:	
	JAMES F. CARROLL	2013
	(Namo)	S 8
	` "	367日
	633 SO FEDERAL HWY	SE CO
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	유유 ! :
	FT. LAUDERDALE, FL 33301 City/sinte/Zip	STATE CORNDA
liability companies registered agent statutes relating	med as registered agent and to accept service of process for the above st y at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the protect to the proper and complete performance of my duties, and I am familian attoms of my position as registered agent as provided for in Chapter 608 (Sigunture)	nent as ovisions of all r with and

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 \$ 5.00 Certified Copy (optional)
Certificate of Status (optional)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, 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:

73 GCD, LLC

Date Filed:

04/21/2011

File Number:

4270536-2

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/09/2013



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota