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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LP/LLLP

POL SERVICES LIMITED PARTNERSHIP

Certificate of Status	0
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H08000233210

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. POL Services Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or L.L.P.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Minnesota 3. 10/9/08
(State or Country of Formation) (Date of Formation)

4. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

5. 2731 Executive Park Drive, Suite 4, Weston, FL 33331
(Florida street address for Registered Agent)

6. 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.

NRAI Services, Inc.

Signature of Registered Agent

7. 1107 Hazeltine Boulevard, Suite 200, Chaska, MN 55318
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1107 Hazeltine Boulevard, Suite 200, Chaska, MN 55318

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

JBGE/POL Services, Inc.

(Name)

F08-4422

1107 Hazeltine Boulevard, Suite 200,

Chaska, MN 55318

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 9th day of Oct, 20 08

Signature of a general partner:

JBGE/POL Services, Inc.

By: Dan R. Peterka

Dan R. Peterka, Vice President

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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state of Minnesota

SECRETARY OF STATE**CERTIFICATE OF GOOD STANDING**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited partnership listed below is a limited partnership formed under the laws of Minnesota; that the limited partnership was formed pursuant to Minnesota Statutes, by the filing of a Certificate of Limited Partnership with the Office of the Secretary of State on the date listed below; and that this limited partnership is authorized to do business as a limited partnership at the time this certificate is issued.

Name: POL SERVICES LIMITED PARTNERSHIP

Date Formed: 10/09/2008

This certificate has been issued on: 10/09/2008.



Mark Ritchie
H08000233210
Secretary of State.