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SECRETARY OF STATE DIVISION OF CORPORATIONS

AUG 3 0 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Bothsides Family Limited Liability Limited Partnership

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Thomas F. Dougherty

Contact Person

Lommen Abdo Cole King & Stageberg P.A.

Firm/Company

80 South Eighth Street, Suite 2000

Address

Minneapolis, MN 55402

City, State and Zip Code

tdougherty@lommen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. LaRue

321

652-7665

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

X \$1,000.00 Filing Fees

(\$965 Filing Fee and

\$35 Registered Agent

Fce)

(1) \$1,008.75 Filing Fees and Certificate of

Status

☐ \$1,052.50 Filing Fccs and Certified Copy

\$1,061.25 Filing Fcc, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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



August 28, 2012

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Bothsides Family Limited Liability Limited Partnership

Our File No. 38359

Dear Sir/Madam:

Enclosed for filing, relative to the above-entitled Partnership, please find the following:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Limited Partnership to Transact Business in Florida;
- 3. Certificate of Good Standing from the Office of the Minnesota Secretary of State; and
- 4. Our firm check payable to the "Florida Department of State" in the amount of \$1,061.25 to cover the filing fees.

If you have any questions, please contact us. Thank you.

Very truly yours,

LOMMEN, ABDO, COLE, KING & STAGEBERG, P.A.

Janice K. Hanson

Paralégal

Enclosures

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

Bothsides Family Limited Liability Limited Partnership, LLLP

(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 LL.L.P.

If name unavailab	ole, name under which the limited partn business in Flor	nership or limited liability limited partnership proposes to regi ida; must contain acceptable suffix.	ster to transa
A4:			
	State or Country of Formation	Date of Formation	
4. Federal Employ	er Identification Number: 45-265	55948	
	ered Agent for Service of Process and		
David A. La	Rue		
529 Island (Court		
Indian Harb	our Beach, FL 32937		
of all statutes rei my position as re	lative to the proper and complete perforgistered agent. Signati	d agree to act in this capacity. I further agree to comply with armance of my duties, and I am familiar with and accept the of the office of the control of the control of Registered Agent	bligations of
•		8. Mailing Address:	3 29
529 Island (Jourt	529 Island Court	o ?
Indian Harbo	our Beach, FL 32937	Indian Harbour Beach, FL 32937	9 AMIO: 15
			ਜ਼ <u>:</u> ਹਿਸ ਤੋਂ
7. If limited partne	ership is a limited liability limited pa	rtnership, check box .	- 7
	office address, and mailing address		
Name of Genera		Name of General Partner:	
Street Address:	529 Island Court	Street Address:	
	Indian Harbour Beach, FL	32937	
Mailing Address	·	Mailing Address:	 .
Name of General	l Partner:	Name of General Partner:	
Street Address:		Street Address:	

Name of General P	artner: Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if ot (Effective date cannot b	her than the date of filing: prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
	ate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the tate, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under ganized.
Signed this	day of August ,20 12 Signature of a general partner
The individual cionina d	is document affirm that the facts stated begain are true and the individual is aware that false information

Page 2 of 2

\$52.50 \$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

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.

Bothsides Family Limited Liability Limited Name:

Partnership

Date Filed: 06/29/2011

4364700-2 File Number:

Minnesota Statutes, Chapter: 321

Home Jurisdiction: Florida

This certificate has been issued on: 08/28/2012

> Mark Ritchie Mark Ritchie

Secretary of State

State of Minnesota