

B/3000000181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

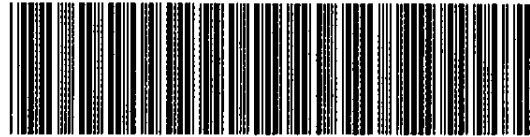
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/12/13--01021--027 \*\*1000.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUN 13 2013  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRW Partnership, LLLP

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:

Jennifer Gronseth

Contact Person

DRW Partnership, LLLP

Firm/Company

PO Box 1341

Address

Burnsville, MN 55337

City, State and Zip Code

Jennifer.gronseth@northerntool.com

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

For further information concerning this matter, please call:

Jennifer Gronseth

at ( 952 ) 641-2509

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

☒ \$1,008.75 Filing Fees  
and Certificate of  
Status

☐ \$1,052.50 Filing Fees  
and Certified Copy

☐ \$1,061.25 Filing Fee,  
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

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2018 JUN 12 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

1. DRW 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 LLLP.

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. MN

State or Country of Formation

3. Dec 12, 2012

Date of Formation

4. Federal Employer Identification Number: 41-1695356


5. Name of Registered Agent for Service of Process and Florida Street Address:

Northern Tool & Equipment Co.

14571 N Cleveland Ave.

Ft Myers Beach, FL 33903

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.



Signature of Registered Agent

7. Principal Office:

DRW Partnership, LLLP

2800 Southcross Drive West

Burnsville, MN 55337

8. Mailing Address:

DRW Partnership, LLLP

PO Box 1341

Burnsville, MN 55337

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TALLAHASSEE FLORIDA

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9. If limited partnership is a limited liability limited partnership, check box ☒

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

Name of General Partner: Ryan Kotula

Street Address: 2800 Southcross Drive West

Burnsville, MN 55337

Mailing Address: PO Box 1341

Burnsville, MN 55337

Name of General Partner: Wade Kotula

Street Address: 2800 Southcross Drive West

Burnsville, MN 55337

Mailing Address: PO Box 1341

Burnsville, MN 55337

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_


Mailing 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 6<sup>th</sup> day of June, 20 2013.

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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

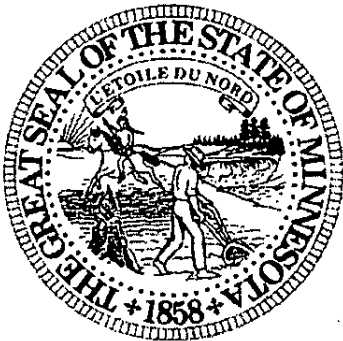
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:	DRW Partnership, LLLP
Date Filed:	12/12/2012
File Number:	632181000022
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/03/2013



*Mark Ritchie*  
Mark Ritchie  
Secretary of State  
State of Minnesota