

B24000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

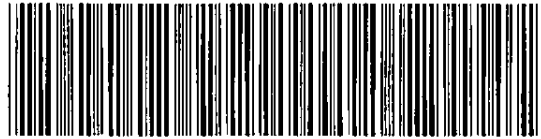
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W24000144191

Office Use Only



300437789993

10/10/24--01019--011 **1000.00

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OCT 09 2024

APPROVED
AND
FILED
2024 NOV - 1 AM 8:07
SECRETARY OF STATE
141 MARKET STREET
ALBANY, NY 12242

OCT 11 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2024

MARK EBELINI HART
1625 HENDRY STREET, STE 301
FORT MYERS, FL 33901 US

SUBJECT: NESLUND FAMILY LIMITED PARTNERSHIP II
Ref. Number: W24000144191

We have received your document for NESLUND FAMILY LIMITED PARTNERSHIP II and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 324A00023350

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NESLUND FAMILY LIMITED PARTNERSHIP II

Please Debit FCA000000003 For: CLIENT w#

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neslund Family Limited Partnership II

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:

Mark A. Ebelini

Contact Person

Knott Ebelini Hart

Firm/Company

1625 Hendry Street, Suite 301

Address

Fort Myers FL 33901

City, State and Zip Code

mebelini@knott-law.com

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

For further information concerning this matter, please call:

Mark A. Ebelini

at (239) 334-2722

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fee,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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

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

1. Neslund Family Limited Partnership II

(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.I.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

State or Country of Formation

3. November 3, 1995

Date of Formation

4. Federal Employer Identification Number: 65-0575139

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

Mark A. Ebelini

Knott Ebelini Hart

1625 Hendry Street, Suite 301, Fort Myers FL 33901

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.

Mark A. Ebelini

Signature of Registered Agent

7. Principal Office:

15210 Wayzata Boulevard

Wayzata MN 55391

8. Mailing Address:

15210 Wayzata Boulevard

Wayzata MN 55391

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: Richard Neslund

Name of General Partner: _____

Street Address: 14696 Olde Mill Pond Court

Street Address: _____

Fort Myers FL 33908

Mailing Address: 14696 Olde Mill Pond Court

Mailing Address: _____

Fort Myers FL 33908

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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STATE
OF FLORIDA
NOV 3 1995

2024 NOV - 1 AM 8:07

APPROVED
AND
FILED

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

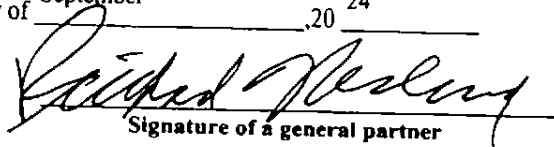
11. Effective date, if other than the date of filing: _____

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/09/2024 day of September, 2024


Signature of a general partner

The individual signing this document affirms 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.

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

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

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:	Neslund Family Limited Partnership II
Date Filed:	11/03/1995
File Number:	LP-6835
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/01/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota