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2005 JUN -2 P 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

2005 JUN -2 P 12: 44

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: COVENANT PROPERTY MANAGEMENT INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christian Fiksen
(Name of Person)
COVENANT PROPERTY MANAGEMENT INC.
(Firm/Company)
P.O. BOX 46605
(Address)
TAMPA, FL 33647
(City/State and Zip code)

For further information concerning this matter, please call:

Christian Fiksen at (813) 789-5008
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

2005 JUN -2 P 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. COVENANT PROPERTY MANAGEMENT INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MINNESOTA 3. 91-2134126
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/1/2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/1/2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10202 REVERE LN N, MAPLE GROVE, MN 55369
(Principal office address)

P.O. Box 46605, TAMPA, FL 33647
(Current mailing address)

8. TO BUY, SELL, & MANAGE REAL ESTATE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHRISTIAN FIKSEN

Office Address: 9014 CORMORANT CT

TAMPA, Florida 33647
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Christian Fiksen
(Registered agent's signature)

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

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Christian Fiksen

Address: 9014 Cormorant Ct

Tampa, FL 33647

Director: Teresa Fiksen

Address: 9014 Cormorant Ct

Tampa, FL 33647

B. OFFICERS

President: Christian Fiksen

Address: 9014 Cormorant Ct

Tampa, FL 33647

Vice President: Teresa Fiksen

Address: 9014 Cormorant Ct

Tampa, FL 33647

Secretary: Christian Fiksen

Address: 9014 Cormorant Ct, Tampa, FL 33647

Treasurer: Teresa Fiksen

Address: 9014 Cormorant Ct, Tampa, FL 33647

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Christian Fiksen, President

(Typed or printed name and capacity of person signing application)

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2005 JUN -2 P 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

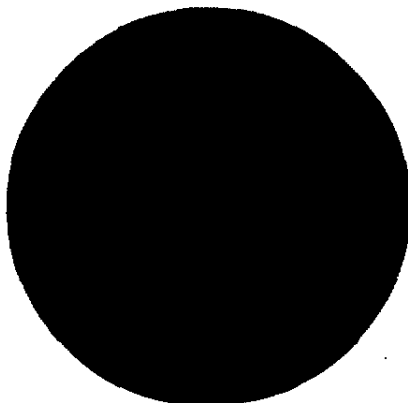
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Covenant Property Management Inc.

Date Formed: 06/01/2001

Chapter Governed By: 302A

This certificate has been issued on 04/21/05.



Mary Kiffmeyer
Secretary of State.