

(Re	equestor's Name)	
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(CII	ty/State/Zip/Phone #	+)
PICK-UP	· WAIT	MAIL
	_	_
(Bu	isiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
· ——	-	
Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only

mo 1/2/2010

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: DWELL FIRE	n - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to retransact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
PAT BRADET		
(Name of	Person)	
DUELLFIRE	•	
(Firm/Co	mpany)	
MALADORESS 318 MOHA		co New
MALADORESS SIS MOHA	(1991)	ASOF
LAIG MOS	NUSTERRAC CSS) FL 327	146 (1/3/00)
	and Zip code)	
For further information concerning this matter, please c	all:	
	1 0	16. 2
1 AT BANSEY at (612	_) 655 91	85
(Name of Person) (Area C	Code & Daytime Telepho	one Number)
STREET/COURIER ADDRESS:	MAILING AI	DDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, Fl	L 32314
Enclosed is a check for the following amount:		:
\$70.00 Filing Fee \$\sigma\$ Certificate of Status	\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fcc, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FO BUSINESS IN FLO		NSAC G	CT ₩,
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINE		DEC 30	FI SECRETAR ISION OF
1. (Enter name of corporation; must include "INCORPORATED," "COM" "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	IPANY," "CORPORATION,"	PH 2:	LED RY OF STA
		34	TIONS
(If name unavailable in Florida, enter alternate corporate name adopted		lorida)
2	(FEI number, if applicable)		_
(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
4. (Date of incorporation) 5. (Durati	ion: Year corp. will cease to exist of "perpe	stra!"\	-
6 STARTINE. 1/1/10	on: rear corp. will cease to exist of perpe		
(Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, F.S.,			··-
1 1735 MAPLE GROUS	= 1Z1)		
(Principal office address)			
DOLUTH MN 55	811		
(Current mailing address)			
8. FALES			_
(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 1	NOT acceptable)		
Name: VAT BRADET	(OE)		
Office Address: 318 MOHAUE TEMPACE LAVE MANT (City)	AS 1/3/10		
LAKE MANY, F	lorida 3 27 46		
(City)	(Zip code)		
10. Registered agent's acceptance: Having been named as registered agent and to accept service of prodesignated in this application, I hereby accept the appointment as a further agree to comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of my position as (Registered agent's signature)	registered agent and agree to act in this to the proper and complete performance registered agent.	s capa e of n	acity. I ny duties,
11. Attached is a certificate of existence duly authenticated, not more the Department of State, by the Secretary of State or other official haunder the law of which it is incorporated.			

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

Α.	ДIR	ECT	ORS
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Chairman	1:	09 <u>₹</u> .,
Address:		DEC
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Vice Chai	innan:	2 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		RATIO 2: 3
		F %
Director:		
Audiess.		
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Address:		
B. OFFI		
President:	IAT BANDET	
Address:	318 MOHAUE TERRACE	
	CAILS MARY FL 32746	
Vice Presi	ident: Son BANDET	
	1735 1 MADLE 6ROW	5 RD
		5811
Secretary	: Pro Brole 1	
	1735 MADIE GROWE RO DULVEH MY 5	<u>5811</u>
	RT BNOK	
		-28V
Address:		<u> </u>
NOTE:	If necessary, you may attach an addendary to the application listing additional officers and/or dir	ectors.
13	1//	
- · <u></u>	(Signature of Director or Officer listed in number 12 of the application)	
14	1 /AT ISMOET	
	(Typed or printed name and capacity of person signing application)	

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state of Minnesota

SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

Certificate of Good Standing

I, Mark Ritchie, 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: Dwellfire, Inc.

Date Formed: 11/18/2008

Chapter Governed By: 302A

This certificate has been issued on 12/09/09.



Mark Ritchie
Secretary of State.