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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Shivers FEB 24 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VANNIEKERK ENTERPRISES, 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," or "Certificate of Good Standing" 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:

ALBERT VANNIEKERK

Name of Person

VANNIEKERK ENTERPRISES, INC.

Firm/Company

1171 Beach Blvd Suite 103

Address

JACKSONVILLE BEACH, FL 32250

City/State and Zip code

ALBERTVANNIEKERK@MSN.COM

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

For further information concerning this matter, please call:

ALBERT VANNIEKERK at (952) 432-0411

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. VANNIEKERK ENTERPRISES, 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. MN

(State or country under the law of which it is incorporated)

3. 20-2013705

(FEI number, if applicable)

4. 12/16/2004

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. 6744 158th St W, APPLE VALLEY, MN 55124

(Principal office address)

6744 158th St W, APPLE VALLEY, MN 55124

(Current mailing address)

8. General business

(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: ALBERT VANNIEKERK

Office Address: 1171 Beach Blvd Suite 103

JACKSONVILLE BEACH

(City)

, Florida 32250

(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.



(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.

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TALLAHASSEE, FLORIDA
CLERK OF THE SECRETARY OF STATE

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

A. DIRECTORS

Chairman: ALBERT VANNIEKERK

Address: 6744 158TH ST W

APPLE VALLEY, MN 55124

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ALBERT VANNIEKERK

Address: 6744 158TH ST W

APPLE VALLEY, MN 55124

Vice President: _____

Address: _____

Secretary: ALBERT VANNIEKERK

Address: 6744 158TH ST W, APPLE VALLEY, MN 55124

Treasurer: ALBERT VANNIEKERK

Address: 6744 158TH ST W, APPLE VALLEY, MN 55124

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

13. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. ALBERT VANNIEKERK, SECRETARY

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

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STATE OF MINNAPOTA
TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

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: vanNiekerk Enterprises, Inc.

Date Formed: 12/16/2004

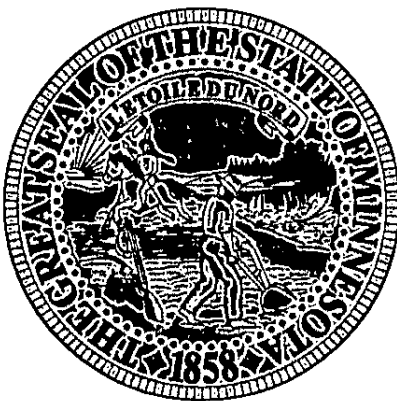
Chapter Governed By: 302A

This certificate has been issued on 01/31/11.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mark Ritchie
Secretary of State.