F17000005421

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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11/09/17--01001--028 **70.00

TO DEC -1 M 9 I

BF 12/4/17



November 14, 2017

MARVIN L LOGEL 7400 METRO BLVD STE 100 #14 EDINA, MN 55439 US

SUBJECT: MARVIN L LOGEL, PH.D., LIMITED

Ref. Number: W17000090455

We have received your document for MARVIN L LOGEL, PH.D., LIMITED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Must enter the name of the corporation on line 1 of application.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: '017A00022938

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SURFECT: MOTVI	1 L Logel	PLE	>
SUBJECT: Marvin	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good S	Standing" and check are sub	
Please return all corresponder	ce concerning this ma	atter to the following:	
Marvin 1	, Lage)	of Person	
		Ph.D. 1775	
7400 Metro	S Polices, S	Steven #1	<u>`</u>
Edina Mr	5547	39 - 2319 te and Zip code	
		nc and zip code Nc (4) . C (5) Red for future annual report r	
For further information conce	rning this matter, plea	se call:	
Mary Loge Name of Person	at (<u>95</u> Arca (2) 924-019 Code Daytime Telep	hone Number
STREET/COURIER 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	
Enclosed is a check for the fo	lowing amount:		
	78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87,50 Filing Fee, Certificate of Status

Certificate of Status &

Certified Copy

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.
Marviol Logel PhD Limited Inc
1. Mayvin L. Logel, Ph.D., Limited, Inc., (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
May vin L. Logel Fh.D. Little James in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnescote 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of incorporation) (Date of duration, if other than perpetual)
6. Starting Tanuary 1, 2018 Date first transacted business in Plorida, if prior to registration)
(Date first transacted business in Plorida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7400 Metre Blvd, Stero #14, Edina MN (Principal office address) 55939
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Marrin Loyel Office Address: 805W845St. Ste 2000 Jany, 2018
Office Address: 805W845St. Ste 2000 Jan 2018
(City) , Florida 53 (3 C) (Zip,code)
9. 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)
10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Address: Vice Chairman: Address: __ Director: ___ Director. Address: **B. OFFICERS** Stein HH Vice President: Marys Secretary: Marris NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Office: The officer or director signing this document (and who is listed in number 11 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.

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

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: Marvin L. Logel, Ph.D., Limited

Date Filed: 11/26/1986

File Number: 5K-19

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/02/2017

Ateve Pinn Steve Simon

Secretary of State
State of Minnesota