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(Re	questor's (vame)		
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Building	- Materials Outlet Flor	ida, Inc.			
SUDJ.	r.C1:	Name o	f corporation	r - must	include suffix	
Dear S	ir or Madam:					
"Certif	ficate of Existenc		of Good Star	nding" a	and check are subm	Business in Florida." aitted to register the
	return all corres _i A. Tebelius	oondence concernir	ng this matte	r to the	following:	
			Name of	Person		
Sjoberg	g & Tebelius, P.A.					
2145 W	Voodlane Drive, Se	nite 101	Firm/Con	npany		
			Addr	ess	• • • • • • • • • • • • • • • • • • • •	<u> </u>
Woodb	oury, Minnesota 55	125				
7-1	-		City/State a	nd Zip	code	
mark@)stlawfirm.com					
		E-mail address:	(to be used	for futu	re annual report no	tification)
For fur	ther information	concerning this ma	itter, please	call:		
Mark A. Tebelius 651 738-3433 at ()		-3433				
	Name of Perso		Area Cod	<i>)</i> le	Daytime Telepho	one Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g Center Circle	i:		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclos	ed is a check for	the following amor	unt:			
☐ \$70).00 Filing Fee	S78.75 Filing Certificate of			75 Filing Fee & fied Copy	■ \$87.50 Filing Fee, 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.

1	als Outlet Florida, Inc.			
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"	
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	ng business in Florida)	
	3			
June 20, 2017		(FEI number, if ap		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
¬	ghway, Pensacola, Florida 32503 (Principal	office address)		
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	DEC 13 CRETAR LAHASS	
Name:	Jon E. Prettyman		SET OF A	
Office Address:	5316 N. Davis Highway	<u> </u>	7: 10 7: 31AF 7: 08F	
	Pensacola	32503 Florida	70	
	(City)	(Zip code)	<i></i>	

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. DIRI	ECTORS			
Chairman	Donald I. Prettyman			
Address:	3045 Sibley Memorial Highway			
	Eagan, Minnesota 55121			
Vice Chai	Angela A. Ribar			
Address:	3045 Sibley Memorial Highway			****
	Eagan, Minnesota 55122			
Director: Address:	Lynn M. Ribar			
	3045 Sibley Memorial Highway			
Audiess.	Eagan, Minnesota 55122			
Director:				
Address.				-
B. OFF	ICERS			
President:	Lynn M. Ribar	1		
Address:	3045 Sibley Memorial Highway	- 3- 57- 	17 0	
ridaress.	Eagan, Minnesota 55122	芸芸	Ö	1 40
Vice Pres	ident:	- 151 -	ದ >>	<u></u>
		<u> </u>	-	· 🗱
Address:		<u> </u>	- <u>:-</u>	:·
_	Angela A. Ribar	- 		
Secretary:	3045 Sibley Memorial Highway, Eagan, Minnesota 55122			
Address:	Angela A. Ribar			
Treasurer	3045 Sibley Memorial Highway, Eagan, Minnesoa 55122			
Address:				, <u>. </u>
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nd/or di	rector:	S.
Theorem	Signature of Director or Officer	the feet		مرا المسمرات
are true a	ter or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of the De			
	egree felony as provided for in s.817.155, F.S. n M. Ribar, President			
13.				

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: Building Materials Outlet Florida, Inc.

Date Filed: 06/20/2017

File Number: 954950300027

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 12/12/2017

Oteve Pinn Steve Simon

Secretary of State State of Minnesota