

F17000005624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

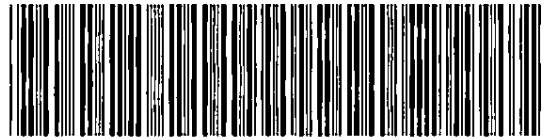
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600306682006

2017 DEC 14 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2017 DEC 14 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALV  
DEC 15 2017

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312**

**850-656-4724**

Date: 12/14/2017  
ACCT. I20160000072

*Eric Dill*

Name:	Wolf Springs Ranches Inc.
Document #:	
Order #:	10754215

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wolf Springs Ranches, 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:

Rhonda Brown  
Name of Person

Wolf Springs Ranches, Inc.  
Firm/Company

7805 Telegraph Road, Suite #220  
Address

Bloomington, Minnesota 55438  
City/State and Zip code

rhonda@wolfsprings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randi Walt at (952) 995 -7940  
Name of Person Area Code Daytime Telephone 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 following amount:

C:J \$70.00 Filing Fee    ii \$78.75 Filing Fee & Certificate of Status    C:J \$78.75 Filing Fee & Certified Copy    C:J \$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. Wolf Springs Ranches, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Wolf Springs Ranch, Inc.

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

2. Minnesota

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

3. 41-1656787

(FEI number, if applicable)

4. 08/17/1989

(Date of incorporation)

5. ---

(Date of duration, if other than 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

7805 Telegraph Road, Suite #220

(Principal office address)

Bloomington, MN 55438

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation,

Florida, 33324

(City)

(Zip code)

2017 DEC 14 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

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.

James M. Halpin

James M. Halpin Assistant Secretary

(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.

FILED

2017 DEC 14 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: **Thomas M. Redmond**

Address: **3292 Green Dolphin Lane, Naples FL 34102**

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: **Thomas M. Redmond**

Address: **3292 Green Dolphin Lane, Naples FL 34102**

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: **Thomas M. Redmond**

Address: **3292 Green Dolphin Lane, Naples FL 34102**

Treasurer: **Thomas M. Redmond**

Address: **3292 Green Dolphin Lane, Naples FL 34102**

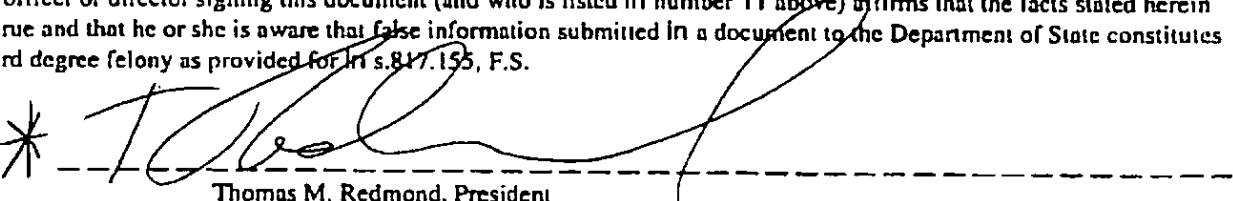
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

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.

13. \*



Thomas M. Redmond, President

Office of the Minnesota Secretary of State  
Certificate of Good Standing

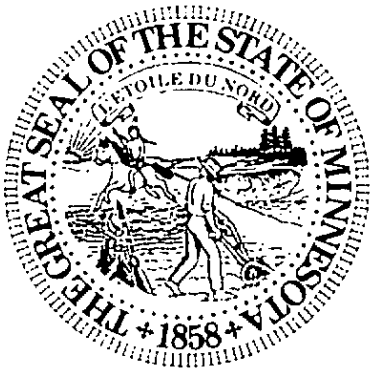
I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: WOLF SPRINGS RANCHES, INC.  
Date Filed: 08/17/1989  
File Number: 6K-131  
Minnesota Statutes, Chapter: 302A  
Home Jurisdiction: Minnesota

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

2017 DEC 14 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota