

F18000002032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

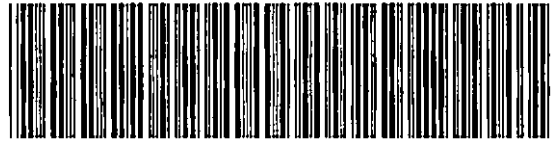
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000311661270

04/30/18--01054--002 **950.00

04/13/18--01003--010 **78.75

J. LEGGETT
MAY 02 2016

18 APR 27 13:59 49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

BRANDON BYE
3435 56TH ST S STE 100
FARGO, ND 58104 US

SUBJECT: FCH GNVFL LTD
Ref. Number: W18000035735

We have received your document for ^{LM}~~FCH~~ GNVFL LTD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$950.00.

- ✓ The name listed in number one of the application must be identical to the name listed in the certificate of existence.
- ✓ The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.
- ✓ 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 618A000076

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 APR 27 PM 3:39

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

LM GNVFL LTD

SUBJECT: _____
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:

Brandon Byc

Name of Person

FCH Hospitality, Inc.

Firm/Company

3435 56th St S Ste 100

Address

Fargo, ND 58104

City/State and Zip code

brandonbyc@fchhotels.com

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

For further information concerning this matter, please call:

Jill Motschenbacher

701

478-3260

at (_____) _____

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:

☐ \$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

**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. LM. GNVFL LTD Co.P
(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. North Dakota 3. 38-3957097
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 24, 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. April 8, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3435 56th St S Ste 100 Fargo, ND 58104
(Principal office address)

(Current mailing address, if different)

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

Name: Megan Eckdahl

Office Address: 4225 SW 40th Blvd
Gainesville , Florida 32608
(City) (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.

Megan M Eckdahl
(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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Heidi Wilcox

Address: 7716 70th St S

Horace, ND 58047

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Nina Sand

Address: 1426 8th St S Fargo, ND 58103

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. Nina Sand Treasurer

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

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

LM GNVFL LTD

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that LM GNVFL LTD, a North Dakota BUSINESS CORPORATION, was incorporated in this office on May 24, 2017 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

LM GNVFL LTD

Issued: April 6, 2018

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger
Secretary of State