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 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC
 Account Number : 120070000159
 Phone : (239)777-1028
 Fax Number : (877)275-3593

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Support@licensesetc.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Elite Exteriors, Inc.

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** ELITE EXTERIORS, 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:

LISA ADAMS

Name of Person

LICENSES, ETC, INC.

Firm/Company

386 110TH AVENUE SUITE 6

Address

NAPLES, FL 34108

City/State and Zip code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

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

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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.

ELITE EXTERIORS, INC.

1. ELITE EXTERIORS CONSTRUCTION, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ELITE EXTERIORS CONSTRUCTION, INC.

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

2. MINNESOTA 3. 41-2011457
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/22/2001 5. _____
(Date of incorporation) (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. 14815 ENERGY WAY, APPLE VALLEY, MN 55124
(Principal office address)

14815 ENERGY WAY, APPLE VALLEY, MN 55124
(Current mailing address, if different)

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

Name: LICENSES, ETC., INC.

Office Address: 886 110TH AVE. N., SUITE 6

NAPLES, Florida 34108
(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.



(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: HOLLY VOGEN
_____Address: 4721 189TH ST. W.
_____FARMINGTON, MN 55024
_____CEO JASON VOGEN
Vice President: _____Address: 4721 189TH ST. W.
_____FARMINGTON, MN 55024

Secretary: _____

Address: _____

Treasurer: _____

Address: _____
_____**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. JASON VOGEN, CEO

(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:	Elite Exteriors, Inc.
Date Filed:	06/22/2001
File Number:	11S-236
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/01/2018



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota