

F19000003149

(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:

*name misspelled
need state of incorp
W19000056361*

Office Use Only



40033011114

06/04/19--01012--001 **78.75

FILED
2019 JUL -2 PM 4:16
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Y SCOTT

JUL 10 2019

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2019

JAMES GROBE
5804 LONG BRAKE TRAIL
EDINA, MN 55439

SUBJECT: J.M. GROBE & ASSOCIATES, INC.
Ref. Number: W19000056361

We have received your document for J.M. GROBE & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity's name seems to be spelled incorrectly on line #1,

The entity's date of incorporation/organization must be listed in the document.

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00011879

RECEIVED
JUL 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.M. Grobe & Assoc., 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:

James Grobe

Name of Person

J.M. Grobe & Assoc., Inc.

Firm/Company

5804 Long Brake Trail

Address

Edina, MN 55439

City/State and Zip code

buysell@att.net

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

For further information concerning this matter, please call:

James Grobe

952

944-1100

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. J.M. Grobe & Associates, Inc.
(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. Minnesota 3. 41-1712019
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 31, 1992 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. 5804 Long Brake Trail, Edina, MN 55439
(Principal office address)

(Current mailing address, if different)

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

Name: James Grobe

Office Address: 108 Lakeshore Drive, Ste 1840

N. Palm Beach 33408
(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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STATE DEPT. OF STATE

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

A. DIRECTORS

Chairman: JAMES GROBE ✓

Address: 5804 LONG BRAKE TR.
EDINA, MN 55439

Vice Chairman: MARYANNE GROBE ✓

Address: 5804 LONG BRAKE TR.
EDINA, MN 55439

Director: MICHAEL GROBE ✓

Address: 4915 MORRIS AVE
ADDISON, TX 75001

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: JAMES GROBE ✓

Address: 5804 LONG BRAKE TR.
EDINA, MN 55439

Vice President: MARYANNE GROBE ✓

Address: 5804 LONG BRAKE TR.
EDINA, MN 55439

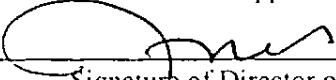
Secretary: _____

Address: _____

Treasurer: MICHAEL GROBE ✓

Address: 4915 MORRIS AVE., ADDISON, TX 75001

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. JAMES GROBE, PRESIDENT
(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.

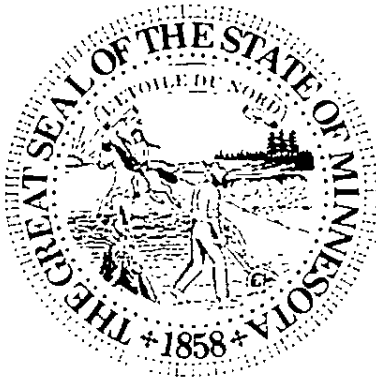
Name:	J.M. Grobe & Associates, Inc.
Date Filed:	01/31/1992
File Number:	7H-691
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/01/2019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Steve Simon

Steve Simon
Secretary of State
State of Minnesota