F2100000803

(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:					
Per email up sated					
Per email up souted Title for Michael Vega 12/10/20					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT. LATITUDE 45 DESIGN AN	D RENOVATI	ON INC.			
3013		of corporation	- must include	suffix		
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ding" and chec			
Please	return all correspondence concerni	ng this matter	to the followin	<u>ាខ</u> ្លះ		
ANDR	EY SOKUREC					
		Name of I	Person			
LATIT	UDE 45 DESIGN AND RENOVATION	ON INC.				
		Firm/Com	pany			
4820 M	IINNETONKA BOULEVARD # 303					
		Addre	SS			.`
MINNI	EAPOLIS MN 55416					7
		City/State ar				
¥	mrodni Guez 123 @ Gmail E-mail address	. cm				
	E-mail address	to be used f	or future annua	d report no	otification)	
For fur	ther information concerning this m	atter, please c	ıll:			
Andrey Sokurec		612	612 325-0542			
	Name of Person	Area Code	Dayti	ne Teleph	one Number	_
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection rporations	
Please r	ed is a check for the following amonake check payable to: FLORIDA DE .00 Filing Fee S78.75 Filing Certificate of	EPARTMENT g Fee &	OF STATE \$78.75 Filing Certified Cop		S87.50 Filir Certificate Certified C	of Status &

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.

MINNESOTA	ie in riorida, enter atternate corporate name ado	pted for the purpose of transacting bu	siness in Florida)	
	3 under the law of which it is incorporated)			
02/21/2019				
(Date o	f incorporation)	(Date of duration, if other than perpetual)		
820 Minnetonka B	(SEE SECTIONS 607.1501 & 607.1502.	. F.S., to determine penalty liability)		
Minneapolis, MN 5	(Principal office s	street address)	•	
	(Current mailing a	ddress, if different)	,	
Name and <u>street</u>	address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	:	
Name:	Joseph M. Gnapp			
	14501 North Dale Mabry Highway # 200		•	
fice Address:				
fice Address:	Tampa	; Florida 33618 (Zip code)	• • /-	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name: Alex Delendik				
∐Vice Chairman	Address: 4820 Minnetonka Blvd # 303	□Vice Chairman	Address: 18825 24th Avenue North				
□Director	Minneapolis, MN 55416	□Director	Plymouth, MN 55447				
⊡President		□President					
□Vice President		■Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other					
□ Chairman	Name:	□Chairman	Name: Michael P. Vega				
	Address: 17910 Clear Lake Drive	□ Vice Chairman	Address: 12414 Palomino Ct.				
□Director	Lutz, FL 33548	XDirector	Tampa, F1, 33626				
□President	- 	□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	□Secretary	□Treasurer				
⊙Other Manager	□Other	- ∃t)ther	□Other				
			; ;				
□Chairman	Name ⁻	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President	<u> </u>				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other		□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12							

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.

and Renovation Inc.

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:

Latitude 45 Design and Renovation Inc.

Date Filed:

02/21/2019

File Number:

1070147600021

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/25/2020



Oteve Vimm

Steve Simon

Secretary of State State of Minnesota