6/28/2017 Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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Resubmission: Please keep file date of 06/28/2017.

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
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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: _____

LIMITED LIABILITY REINSTATEMENT
SOUTHERN HOLDINGS 9 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

2017 JUN 28 AM 8:23

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JUN 28 2017
R. HUNT

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2017 JUN 28 AM 9:53

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Southern Holdings 9 LLC L15000021030

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3033 Excelsior Blvd	3033 Excelsior Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 525	Suite 525
City & State	City & State
Minneapolis MN	Minneapolis MN
Zip / Country	Zip / Country
55416 / USA	55416 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
2/3/2015

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Tammy Tofteroo (REGISTERED AGENT MUST SIGN) Date: 06/28/2017

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Kevin S. Bergman	3033 Excelsior Blvd. Suite 525	Minneapolis MN 55416

REINSTATEMENT

JUN 28 2017

R. HUNT

11. E-mail Address: rdodds@olympusventures.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: K S Bergman Date: 6/27/17 Daytime Phone #: 952-324-5900

Typed or printed name of signing Authorized Representative/Manager: Kevin S. Bergman

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