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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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July 13, 2004

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed are the following:

- 1. Our completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- 2. Certificate of existence
- 3. Check for \$125.00

If you have any questions, feel free to call me.

Sincerely,

Ronald M. Bachmeier

Vice President & Chief Financial Officer

RMB/hm Enclosure

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of fo	reign lir	mited	liabil	ity co	mpany	)						
Delaware	3		20-	.0954	4588							
urisdiction under the law of which foreign limited liab company is organized)	ility		<u> </u>	(	FEI n	ımbe	r, if a	pplica	ble)		•	
3/30/04	5.		per	peti	ıa1							
(Date of Organization)		(1	Duratio	on: Y	ear lin exist	ited or "	iabilit erpeti	y com	pany v	vill	cease 1	to
August 2, 2004												
(Date first transacted business in Florid	a. (See	sectio	ons 60	8.501	, 608.5	02, a	nd 81	7.155,	F.S.)			
7901 Xerxes Avenue South, Suite 20	1 .						÷		AC	~ •¶ <u>~</u>	운	
Minneapolis, Minnesota 55431	_						_	-1	HA		JUL 1	,,,
(Street a	ddress c	of pri	ncipal	office	<del>=</del> )				SS	55	9	9
If limited liability company is a manager-man	naged /	ימוטי	กลทระ	chec	k he	e X	1		ių Li	-	三	1
if infined flatinty company is a manager-mai	agcu v	com	parry,	CHCC	A HCI	C [22	ļ			1 c		
The name and usual business addresses of the	: mana	ging	g men	nbers	or m	ana	gers a	ire as	follo	ws:	三二十	-
										2		
Albert F. Dorris, 7901 Xerxes Ave. Ronald M. Bachmeier, 7901 Xerxes A												
Craig D. Peterson, 7901 Xerxes Ave	. s.,	Mi	nnea	poli	s, M	<u>N</u> 5	5431	-128	8			
Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized translation of the certificate under oath of the	l. (A ph	iotoco	opy is	not ac	xeptal	ole. I	-			_	-	
Nature of business or purposes to be conduc	ted or	pror	noted	l in I	lorid	a: _	sal	e of	und	erg	rour	<u>1d</u> _
and aboveground storage tanks and	relat	eđ a	acce	ssor	ies	and	ser	vice	s			
Signature of a member or	∕2. ∝ an aut	G hori	zel r	epres	sentat	ive (	V, of a m	P & C	oFO er.			
an affirmation under the penalties									3			
-												
Ronald M. Bachmei Typed or p									_			

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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	C T Corporation S	ystem		ASS	19	7
	(Name)		•	33.6		1
	•		-	FLORIDA	11:11	
Plantation,	FL.	33324				
	Florida s	c/o C T Corporation System, 1200 S Florida street address (P.O. Bo	c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)  Plantation, FL 33324	c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)  Plantation, FL 33324	c/o C T Corporation System, 1200 South Pine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)  Plantation,  FL 33324	c/o C T Corporation System, 1200 South Pine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)  Plantation,  FL 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

By: Ohali a Millyng
(Signature) Andrea Millyng
Assistant Secretary

C T Corporation System

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XERXES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2004.



Warriet Smith Hindson
Harrier Smith Windson, Secretary of State

AUTHENTICATION: 3219069

DATE: 07-07-04

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