Florida Department of State

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EOREIGN LIMITED LIABILITY COMPANY

CRI Securities, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Companyo Pilipa

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 Foreign Limi	ited Liability Company)		
friends of the albeit them.	- ·		
Minnesota	3. 41-1612506		
Jurisdiction under the law of which foreign limited liabil company is organized)	lity (FEI number, if applicable)	
Supery workerman			
12/01/2004	5. Perpenial		
(Date of Organization)	(Duration: Year limited liability companexist or "perpetual")	y will ceas	e to
	exist of perpendict		
12/01/2004			
Dote first transactor) suciness	in Florida, if prior to registration.)		***
(Caraction Cod Col II Cyllicas (
(Piet Sections angrant et angrant	2 F.S. to determine penalty liability)		
and the same of th			
400 Robert Street North, St. Paul, MN 55101			
(Street Add	ress of Principal Office)		
76 th b J. 17 - 1. 17			
If limited liability company is a manager-mana	iged company, check here		
The name and usual business addresses of the i	managing members or managers are as fol	lows:	
SEE ATTACHEN LISTING			
SEE ATTACHED LISTING			<u>_</u>
SEE ATTACHED LISTING			
SEE ATTACHED LISTING			
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. Attached is an original certificate of existence, no more that jurisdiction under the law of which it is organized. (A photo	ocopy is not acceptable. If the certificate is in a forei		
. Attached is an original certificate of existence, no more that jurisdiction under the law of which it is organized. (A photostation of the certificate under oath of the translator must be	occpy is not acceptable. If the certificate is in a foreign submitted.)		
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P.03

Member / Manager Information

Full Name:
 Member/Manager:
 Business Address:

City: State: ZIP Code:

2. Full Name:

Member/Manager: Business Address:

City: State: ZIP Code:

3. Full Name:

Member/Manager: Business Address:

City: State: ZIP Code:

4. Full Name:

Member/Manager: Business Address:

City: State: ZIP Code: Phillip C. Richards

Governor

2701 University Avenue

Minneapolis

MN 55414

Robert E. Hunstad

Governor

400 Robert Street North

St. Paul MN. 55101

Thomas P. Burns

Governor

400 Robert Street North

St. Paul MN 55101

Scott H. Richards

Governor

2701 University Avenue

Minneapolis

MN 55414

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.

TABLE)
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iss for the above stated limit ocept the appointment as re the provisions of all statute in familiar with and accept ter 608, Florida Statutes,

(Signature)

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

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

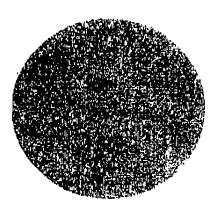
I, Mary Kiffmeyer, Secretary of State of Minnesota, do Certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: CRI Securities, LLC

Date Formed or Registered: December 1, 2004

State of Organization: Minnesota

This certificate has been issued on December 27, 2004.



Mary Kiffneyer Usecretary of State.