# 

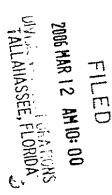
,		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	• #)
<u></u>		
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	]
Opecial mediculons to	Timing Officer.	

Office Use Only



500069145145

04/04/06--01023--018 \*\*125.00



W06-16489 J.BRYAN APR - 6 2006

J. BRYAN APR 1 4 2006

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: C & S Appraisal Services, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Allison M. Darwitz (Name of Person)
Allison M. Darwitz  (Name of Person)  Fredrikson & Byron, P.A.  (Firm/Company)  200 South Sixth Street Suite 4000
200 South Sixth Street, Suite 4000 (Address)
Minneapolis, MN 55402 (City/State and Zip Code)
For further information concerning this matter, please call:
Allison Darwitz at 612-492-7710 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301
Enclosed is a check for the following amount:
X \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy



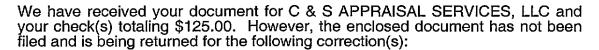
## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2006

ALLISON M. DARWITZ FREDRIKSON & BYRON, P.A. 200 SOUTH SIXTH STREET, SUITE 4000 MINNEAPOLIS, MN 55402

SUBJECT: C & S APPRAISAL SERVICES, LLC

Ref. Number: W06000016489



The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6043.

Letter Number: 406A00023453

Joey Bryan Document Specialist THE THO OF THE PLORIDAY

# 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:

1. <u>C &amp; S App</u>	raisal Services, LLC			
	(Name of Foreig	ın Limited Liabil	ity Company)	
2. Minnesota		3.		
(Jurisdiction	on under the law of which foreign limited lis organized)	liability	( FEI number, if applic	able)
4	7/7/2003	5	Perpetual	
	(Date of Organization)	•	ation: Year limited liability cor or "perpetual")	npany will cease to
6				
	(Date first transacted busi (See sections 608.501 & 60			S MAR
7. <u>7777 Was</u> h	ington Avenue S., Suite 1000			きって
Edina, MN	55439		·	10000000000000000000000000000000000000
<u></u>	(Street Add	ress of Principa	al Office)	프를 후
8. If limited lia	ability company is a manager-managed o	company, check	here X	00 00 00 00 00 00 00
9 The name	and usual business addresses of the ma	naging membe	rs or managers are as follow	S:
o, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and adda sacrifico adaresces on ano me	anaging momeo	to or managero are as reas.	•
50e 0	attached			
<del>-</del>				
0.44		11 00 -1		44
	an original certificate of existence, no m	•	•	
•	ords in the jurisdiction under the law of w a foreign language, a translation of the c	-	• •	
erincate in	a loteigh language, a translation of the c	e illicate under	Datif Of the translator must be	oe submitted.)
1. Nature of b	ousiness or purposes to be conducted or	promoted in Flo	orida: Provide real estate ap	praisal services.
	Man De	1 1 4	•	<del>,,, , , , , , , , , , , , , , , , , , </del>
	CERUICE	M		
	Signature of a member or an a	uthorized repre	sentative of a member.	
	(In accordance with section 608.408(3 an affirmation under the penalties of p	••		
	Charles W. Philipsek, Secretary	•		

Typed or printed name of signee

# Exhibit A

# Attachment for Names and Addresses of Managers of Company

Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida

Namc	Address	City	State	ZIP
				Code
Steve Schroeder	10360 Old Placerville Road	Sacramento	CA	95827
Kraig Clark	10360 Old Placerville Road	Sacramento	CA	95827
Andrew Battestissa	10360 Old Placerville Road	Sacramento	CA	95827
Charles W. Philipsek	7777 Washington Avenue South, Suite 1000	Edina	MN	55439
Dan Hackman	7777 Washington Avenue South, Suite 1000	Edina	MN	55439
Wayne Seibert	7777 Washington Avenue South, Suite 1000	Edina	NIN	55439
**************************************				



## ATX1

# 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.

REC	REGISTERED AGENT IN THE STATE OF FLORIDA.			
1.	The name of the Limited Liability Company is:			

	•	•	
C &	S Appraisal Services, LLC		<u> </u>
2,	The name and the Florida street ad	dress of the registered agent a	艺 善 不
	CT Corporation System		CAR SE
		(Name)	OR CO
	1200 South Pine Island R	oad Address (P.O. Box <u>NOT</u> ACCEPTABLE	
	1 1011112 02000	HOLINGE HALL	
	Plantation	FL 33324	
		City/State/Zip	

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, Florida Statutes.

Michele Miller

(Signature) Assistant Secretary

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

# SECRETARY OF STATE

Certificate of Good Standing

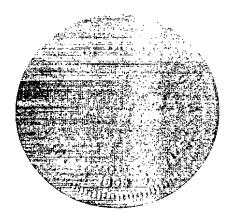
Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered 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: C & S Appraisal Services, LLC

Date Formed or Registered: July 7, 2003

State of Organization: Minnesota

This certificate has been issued on March 23, 2006.



Mary Kiffmage