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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Minnesota Utility Service (Name of Lim	ited Liability company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida		
Please return all correspondence concerning this m	eatter to the following:	
Charlie Wilson (Na	me of Person)	
Minnesota Utiliti	es & Excavating	
(Fir	m/Company)	
13915 Lake Drive,	Suite #2 (Address)	SECRETARY DE S. DIVISION OF CORPOR
Powert Loke MN F	5025	F COR
Forest Lake, MN 5	ate and Zip Code)	POR POR
For further information concerning this matter, ple	•	P: 42
Charlie Wilson (Name of Person)	at ( 651 ) 464-5532 (Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{3}\$125.00 Filing Fee \$\Bigsim \frac{1}{3}\$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certi	

#### 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: Minnesota Utility Services, LLC (Name of Foreign Limited Liability Company) 1. Minnesota (Jurisdiction under the law of which foreign limited liability 71-0930060 (FEI number, if applicable) company is organized) Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") 4. February 2003 (Date of Organization) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. <u>13915 Lake Drive, Suite #2</u> Forest Lake MN 55025 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: John Podgorak 401 Emerald Lane, Mahtomedi, MN 55116 Dan Miller 35094 Lappe Lane, Hinckley, MN 55037 Charlie Wilson 8337 Barton Ave NW, Buffalo, MN 55313 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Site Utilities and Excavating Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Charlie Wilson

## 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.

1. The name of	of the Limited Liability Company is:	
Minnes	sota Utility Services, LLC	
2. The name a	and the Florida street address of the registered agent and office are:	
•	(Name) Charlie Wilson	<b>29</b>
}	101 North Riverside Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	DIVISION OF COR
	Pompano Beach FL 33062  City/State/Zip	PH 1:42
liability compa agent and agre relating to the p	amed as registered agent and to accept service of process for the above stated limit ny at the place designated in this certificate, I hereby accept the appointment as re e to act in this capacity. I further agree to comply with the provisions of all statute proper and complete performance of my duties, and I am familiar with and accept my position as registered agent as provided for in Chapter 608, Florida Statutes.	gistered es
Char	Lie Wilson (Signature)	
i		

\$ 100.00 Filing Fee for Application

\$ 30.00

5.00

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)
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.

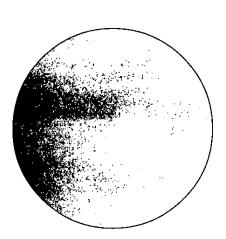
Name: Minnesota Utility Services, LLC

Date Formed or Registered: February 5, 2003

State of Organization: Minnesota

This certificate has been issued on July 11, 2006.

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Mary Kiffmager
Secretary of State.