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SECRETARY OF STATE ALLAHASSEE, FLORIDA



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2006

BRIAN K. NOCHOLS 15600 28TH AVE. NORTH PLYMOUTH, MN 55447

SUBJECT: SUMMIT INSTALLATIONS, LLC

Ref. Number: W06000050124

We have received your document for SUMMIT INSTALLATIONS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$51.25.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 406A00066922

#### **COVER LETTER**

SUMMIT INSTAUATIONS 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

**TO:** Registration Section

**Division of Corporations** 

liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:				
BRIAN K. NICHOLS  (Name of Person)  (Name of Person)				
(Name of Person)				
SMMIT INSTALLATIONS, LLCGS = O (Firm/Company)				
(Firm/Company)				
(Time company)				
15600 28TH AVENUE NORTH				
(Address)				
PLYMOUTH MN 55447 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (763) 253-1276 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate				
Certificate of Status Certified Copy of Status & Certified Copy				
$\cdot$				

### 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 Limited Liability/Company) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) see sections 608.501 & 608.502 F.S. to determine penalty liability) 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: 15600 28TH AVE. N. PLYMOUTH MA - 4225 CORAL RIDGE RD BROOKS KY 40109 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:

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

OSBORNE

## 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 the Limited Liability Company is:		entire1
SUMMIT INSTAUATIONS, LLC	NOV RETA	П
2. The name and the Florida street address of the registered agent and office are:	30 A II	
STEPHEN M. BULL, ESQUIRE (Name)	: 5u	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SUITE	950
ORLANDO FL 32801 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.

(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

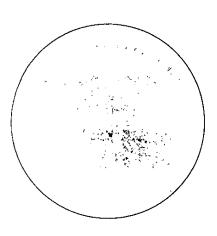
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered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

Date Formed or Registered: September 20, 2004

State of Organization: Minnesota

This certificate has been issued on November 3, 2006.



Mary Biffmeyer Secretary of State.