

MO6000006953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

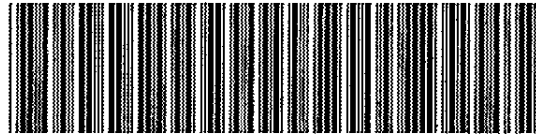
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COVER LETTER

TO: Registration Section
Division of Corporations

TEMPORARY SALES SOLUTIONS LLC
13701 HANNIBAL CIRCLE
APPLE VALLEY, MN 55124

SUBJECT: Temporary Sales Solutions, 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:

Tom Haberman
(Name of Person)

Temporary Sales Solutions LLC
(Firm/Company)

13701 Hannibal Circle
(Address)

Apple Valley, mn 55124
(City/State and Zip Code)

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For further information concerning this matter, please call:

Tom Haberman at (952) 953-4102
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2006

TOM HABERMAN
13701 HANNIBAL CIRCLE
APPLE VALLEY, MN 55124

SUBJECT: TEMPORARY SALES SOLUTIONS, LLC.
Ref. Number: W06000051482

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TEMPORARY SALES SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 506A00068419

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. Temporary Sales Solutions LLC
(Name of Foreign Limited Liability Company)

2. State of Minnesota 3. 41-1985589
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/4/00 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 0
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. Temporary Sales Solutions LLC
13701 Hannibal Circle Apple Valley, MN 55124
(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:

Tom Haberman
Colleen Haberman
13701 Hannibal Circle Apple Valley, mn 55124

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: rental of homes (seasonal)

Tom Haberman chief manager
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.)

Tom Haberman / chief manager
Typed or printed name of signee

TEMPORARY SALES SOLUTIONS LLC
13701 HANNIBAL CIRCLE
APPLE VALLEY, MN 55124

**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.

TEMPORARY SALES SOLUTIONS LLC
13701 HANNIBAL CIRCLE
APPLE VALLEY, MN 55124

1. The name of the Limited Liability Company is:

Temporary Sales Solutions LLC

2. The name and the Florida street address of the registered agent and office are:

Bruce A. Jorgensen
(Name)

10879 Taxi Lane Echo
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Ft. Myers, FL 33907
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.

T. H. Jorgensen Chief Manager
(Signature)

check #1303

\$125 State of Florida

Dated 11/22/06

*\$ 190.00	Filing Fee for Application
*\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

TEMPORARY SALES SOLUTIONS LLC
13701 HANNIBAL CIRCLE
APPLE VALLEY, MN 55124

06 DEC 14 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

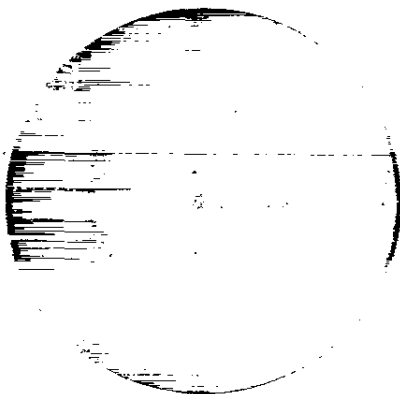
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered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

Date Formed or Registered: October 4, 2000

State of Organization: Minnesota

This certificate has been issued on December 6, 2006.



Mary Kiffmeyer
Secretary of State.