MD7000006716	
(Requestor's Name) (Address) (Address)	800111625938
(City/State/Zip/Phone #)	11/15/0701001007 <b>**</b> 125.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 07 NOV 14 PH 4: 19 NETAL ATATE STATE ENVISION OF CORPORATIONS TALLAHASSEE FLORIDA
Office Use Only	OT NOV IL AN 8: 3. SECRETARY OF STAT

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. SEA ISLAND WAY, LLC

*C*K# 2906

AMOUNT \$125.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

- \_\_\_\_ CERTIFIED COPY
- XXX STAMPED COPY
- \_\_\_\_ CERTIFICATE OF STATUS

**Examiner's Initials** 

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION GRADS, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECEIPTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sea Island Way, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C., HIC

OTHON ILL HIR 8: 32 (If name unavailable, enter abornate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the absence name. The alternate name must include "Limited Liability" Company," "L.L.C.," "LLC.")

### 2. Minnesota

- ŝ. (Jurisdiction under the law of which foreign limited liability company is organized) ( FHI mumber, if applicable)
- 4. 11/14/07 (Data of Organization)

5. perpetual (Duration: Year limited hability company will cease to exist or "perpetual")

6. Upon filing

(Deto first transacted business in Florids, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)

7. 16822 Grays Bay Boulevard, Wayzata, MN 55391

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, oheck here 🔽

9. The name and usual business addresses of the managing members or managars are as follows:

Louis Ricard, 16822 Grays Bay Boulevard, Wayzata, MN 55391

10. Attached is an original conditions of existence, no more than 90 days old, duly authenticated by the official having custody afrecouts in the juindiction under the law of which it is organized. (A photocopy is not acceptable. If the centificate is in a fireign large age, a turnelation of the certificate under cash of the turnelator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

general business purposes

Signature of a member or an authorized representative of a member. (In accordance with soliton 608.408(3), P.S., the occasion of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are gue.) Louis Ricard

Typed or printed name of signes

10/10 3DVJ

CARGELLE WOTG NAG

2620-242-296

00:00 L00Z/pT/TT

### 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:

Sea Island Way, LLC

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If name unavailable, the alternate name to be used in the state of Florida is:

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

NRAI Services, inc.

(Name)

2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)

Weston,

FL City/State/Zip 33331

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.

NAI Sovices, Inc. <u>in</u> (Signature) Active Sommer, AST Sec

- \$ 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, Mark Ritchie, 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 in Minnesota: Sea Island Way, LLC

State of Organization: Minnesota

Date Formed or Registered: 11/14/2007

This certificate has been issued on: 11/14/2007



Mark Rin ecretary of State.