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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

OCT 17 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: ARCOLA SYSTEMS FLORI	DA, LLC
(Name of Limit	ed Liability Company)
	pility Company for Authorization to Transact Business in pmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	
KEVIN M. GREER	IDA, LLC (Company)
(Nan	ne of Person)
ARCOLA SYSTEMS FLOR	IDA, LLC
(Firm	n/Company)
101 PRIMROSE LANE	7
(,	Address)
MEDINA, MN 55340	
(City/Stat	te and Zip Code)
For further information concerning this matter, pleas	se call:
KEVIN M. GREER	_at (612) 802-9907
(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: \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ Filing Fee & Certificate of S}	\$155.00 Filing Fee & \$\sumsymbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\sy

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. ARCOLA SYSTEMS FLORIDA, LLC (Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.," or "LLC.")
	pose of transacting business in Florida and attach a copy of the writter lternate name. The alternate name must include "Limited Liability
₂ MINNESOTA	3 26-2686101
(Jurisdiction under the law of which foreign limited liability company is organized)	• • • • • • • • • • • • • • • • • • • •
4. MAY 20, 2008 (Date of Organization)	5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6 OCTOBER 6, 2008	
(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
7. 101 PRIMROSE LANE	COMPA
MEDINA, MN 55340	- Su
·	ess of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here 🗹
9. The name and usual business addresses of the ma	anaging members or managers are as follows:
D. BRADLY OLAH, 101 PRIMROSI	E LANE, MEDINA, MN 55340
KEVIN M. GREER, 101 PRIMROSE	E LANE, MEDINA, MN 55340
	,
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoe translation of the certificate under oath of the translator must be su	
11. Nature of business or purposes to be conducted	or promoted in Florida: INTERNET CAFE
SWEEPSTAKES SOFTWARE AND	
755	
	authorized representative of a member. A. F.S., the execution of this document constitutes

Typed or printed name of signee

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

KEVIN M. GREER

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:

ARCOLA SYSTEMS FLORIDA, LLC
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:
INCORP SERVICES, INC. (Name)
17888 67TH COURT NORTH Florida Street Address (P.O. Box NOT ACCEPTABLE)
LOXAHATCHEE FL 33470 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 registere 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. Auto Services No (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, 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: Arcola Systems Florida, LLC

Date Formed or Registered: May 20, 2008

State of Organization: Minnesota

This certificate has been issued on September 18, 2008.



Mark Ritchie
Secretary of State.