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	(Requestor's Name)			
<u> </u>	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				

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B. KOHR

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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05-05-09

NAME: ST CLOUD CROSSINGS LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT: ST. CLOUD CROSSINGS, LLC	
	f Limited Liability Company)
	ed Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited ida
Please return all correspondence concerning t	
Suzanne T. Cryan	表示が
	(Name of Person)
Bay State Corporate Services, Inc.	(Siz. 8)
	(Firm/Company)
	· į
6 Beacon Street, Suite 510	
	(Address)
Boston, MA 02108	
(Ci	ty/State and Zip Code)
For further information concerning this matter	r, please call:
Suzanne Cryan	at (617) 742-8484
(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 Tallahassec, FL 32301

grand a number of B

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. ST. CLOUD CROSSINGS, LLC (Name of Foreign Lin 1 Liability Company; n	nust include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for to consent of the managers or managing members adopting Company," "L.L.C" "LLC.")	the purpose of transacting business in Florida and attach a copy of the written g the alternate name. The alternate name must include "Limited Liability
2. Minnesota	3 26-2681919
(Jurisdiction under the law of which foreign limited J company is organized)	iability (FEI number, if applicable)
4. 04/18/2008	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")
6. UPON FILING	· · · · · · · · · · · · · · · · · · ·
(Date first transacted busine	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)
7. 366 South 10th Avenue, Waite Park, Minnesota	a 56387
	A CONTRACTOR OF THE PARTY OF TH
(Street	Address of Principal Office)
(*******	
8. If limited liability company is a manager-m	anaged company, check here 🔽
9. The name and usual business addresses of the	he managing members or managers are as follows:
Carabanhad	•
See attached	
	than 90 days old, duty authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A paraslation of the certificate under eath of the translator mus	shotocopy is not acceptable. If the certificate is in a foreign language, a
	R DC SLEW HIRCOL)
11. Nature of business or purposes to be condu	icted or promoted in Florida:
Real Estate Ownership and Development	
Astr Sn	n M
Signature of a member of	r an authorized representative of a member.
(In accordance with section 608.4	408(3), F.S., the execution of this document constitutes
The same of the sa	es of perjury that the facts stated herein are true.)
Steve Sr	16/11/15
Typed or	printed name of signed

ST. CLOUD CROSSINGS, LLC

Manager Listing

Leo M. Sand Steven D. Snelling Jamie J. Thelen 366 South 10th Avenue, Waite Park, MN 56387 366 South 10th Avenue, Waite Park, MN 56387 366 South 10th Avenue, Waite Park, MN 56387

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.

	e of the Limited Liability CROSSING S, LLC		
If name una	vailable, the alternate nat	me to be used in the state of Florida is:	
2. The name	e and the Florida street ac	ddress of the registered agent and office are:	BANKS 64
	NRAI Services, Inc.		_
		(Name)	
	2731 Executive Park I	Drive, Suite 4	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Weston	FL 33331	
		City/State/Zip	
liability comp agent and ag relating to th	oany at the place designat ree to act in this capacity. e proper and complete pe f my position as registered	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoin . I further agree to comply with the provisions o rformance of my duties, and I am familiar with a d agent as provided for in Chapter 608, Florida	iment as registered of all statutes and accept the

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

By: /s/ SUZANNE T. CRYAN

Suzanne T. Cryan, Asst. Secretary

(Signature)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

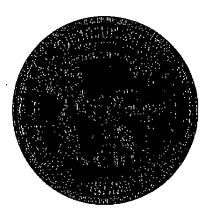
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered 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: St. Cloud Crossings, LLC

Date Formed or Registered: April 18, 2008

State of Organization: Minnesota

This certificate has been issued on May 1, 2009.



Mark Ritchie Secretary of State.