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BEPACT YOUT OF STATE OF VISIGN OF CORPORATIONS TALLAHASSEE, FLORIDA

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EXAMINER

SECRETARY OF STATE TALLAHASSEE FI TAKE

CORPDIRECT AGI 515 EAST PARK AV TALLAHASSEE, FI 222-1173		
FILING COVER ACCT. #FCA-14	SHEET	
CONTACT:	ASHLEY SMITH	والمستعدد
DATE:	<u>07-02-2009</u>	TO TO
REF. #:	000171.106984	LANGE PLE
CORP. NAME:	REPROPOSM OF MN, LLC	PH 3: 35
() ARTICLES OF INC	ORPORATION () ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
IN NOTES ON (ESS.)	FICATION () LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF	CANCELLATION	
() OTHER:		·
STATE FEES P	REPAID WITH CHECK# 530875	FOR \$ <u>155.00</u>
AUTHORIZAT I	ION FOR ACCOUNT IF TO BE DEBIT	ED:
	COST L	MIT: \$
PLEASE RETU	RN:	
ezogaranian co	PY () CERTIFICATE OF GOOD STA	NDING () PLAIN STAMPED COPY
() CERTIFICATE O	F STATUS	

Examiner's Initials

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: RetroFoam of MN, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC..") (If name unavailable, enter alternate 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 alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") Minnesota 26-2074078 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 02/28/2008 perpetual (Date of Organization) (Duration: Year limited liability company will exist or "perpetual") 6. 05/19/2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2400 South Street, Leesburg, Florida 34748 (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: Carla J. Ringold, Managing Member 4774 Breezy Point Road, Duluth, MN 55803 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: to conduct and transact any and all lawful business authorized or not prohibited by Chapter 608, Florida Statutes 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.) Carla J. Ringold, Member Typed or printed name of signee

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:
	RetroFoam of MN, LLC
If	unavailable, the alternate to be used in the state of Florida is:
2.	The name and the Florida street address of the registered agent and office are:
	Dean Mead Services, LLC (Name)
	800 N. Magnolia Ave., Suite 1500 Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Orlando, FL 32803 City/State/Zip
	aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registe

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.

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member

By: (Signature)
Steven C. Lee, Vice President

\$ 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: RetroFoam of MN, LLC

Date Formed or Registered: February 28, 2008

State of Organization: Minnesota

This certificate has been issued on July 1, 2009.



Mark Ritchie Secretary of State.