Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : PREMIER CORPORATE SERVICES INC

Account Number: 120080000023

Phone : (651) 225-9500

Fax Number

: (651)225-9579

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BF - Mille Lacs, LLC

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Certificate of Status Certified Copy 04 Page Count Estimated Charge \$125,00 A. LUNT

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE :	N THE FOLLOWING IS SUBMITTED TO REGISTES	R A FOREIGN
1 BF - Mile Lacs, LLC	SIATE OF FLORIDA:	
(Name of Foreign Limited Linbility Company: must include	de "Limited Limbility Company," "L.L.C.," or "LIC."	7
If name unevaluable, onter alternate name adopted for the purpos- consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	o of transacting business in Fjorida and attach a copy nate name. The alternate name invist include "Limited	of the written Liability
2_Minnesota	27-0318200	•
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. 5/4/2009 5.	Perpetual	•
(Dets of Organization)	(Diration: Year limited liability company will care exist or "perpetual")	
5. Upon qualification		TAS &
(Date first transacted business in Plot (See sections 608.501 & 608,502 F.S.)	rida, if prior to registration.) to determine penalty liability)	SECRETA
225 South Sixth Street, Sulte 2800, Minneapolis, MN 55	402	A A A
		RY
(Street Address o	(Principal Office)	— <u>—</u> ——————————————————————————————————
B. If limited liability company is a manager-managed of	company, check here 🔀	AM 10: 00 OF STATE FLORID,
9. The name and usual business addresses of the mana	ging members or managers are as follows:	≥ 2
See attached		
	·	<u>-</u>
10. Attached is an original certificate of existence, no more than 90 da	we will dish made entire and by claim official how that or worth	votesorde in
to. Absonce is an original certificate of existence, no more were so de he jurisdiction under the law of which it is organized. (A photocopy		
musication of the contificate under each of the translator must be subm		_
11. Nature of business or purposes to be conducted or	promoted in Florida:	
Hold Distressed Commercial Real Estate		
	()	
Signature of a member or on put	horized representative of a member.	
	S., the execution of this document constitutes	
Stephanic Lunde	A not be mossified nation as nac.)	
Typed or printed	name of signee	

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BF - Mille Lacs, LLC

The name and usual business addresses of the managers are as follows:

David Grandstrand

225 South Sixth Street, Suite 2800, Minneapolis, MN 55402

Michael Hayes

225 South Sixth Street, Suite 2800, Minneapolis, MN 55402

Renee Forst

225 South Sixth Street, Suite 2800, Minneapolis, MN 55402

Stephanie Lunde

225 South Sixth Street, Suite 2800, Minneapolis, MN 55402 ·

SECRETARY OF STATE TALLAHASSEF, FINAIE

JUL. 17. 2009 3:40PM

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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 Comp	pany is:	
If name unav	ailable, the alternate name to l	be used in the state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office a	ire:
	NRAI Services, Inc.		2009.
	2731 Executive Park Drive,	(Name) Suite 4	JUL 17 RETARY WASSE
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	Ep.
	Weston	PL 33331 City/State/Zip	AM IO: 00 OF STATE E. FLORIDA
liability comp agent and agi relating to the obligations of NRAI Services By:	vany at the place designated in ree to act in this capacity. I fur e proper and complete perform f my position as registered age	to accept service of process for the certificate, I hereby accept the apther agree to comply with the provision ance of my duties, and I am familiant as provided for in Chapter 608, Fl	ppointment as registered ions of all statutes with and accept the

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

5.00

State of Minnesota H09000165470 3

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: BF-Mille Lacs. LLC

Date Formed or Registered: June 4, .2009

State of Organization: Minnesota

This certificate has been issued on July 17, 2009.



Mark Ritchie
Secretary of State.

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