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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

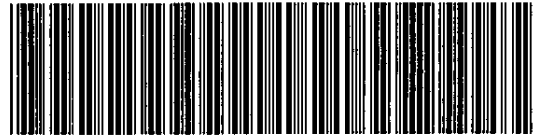
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JUN 11 2010

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TALLAHASSEE, FLORIDA

RINKE NOONAN

A T T O R N E Y S A T L A W

SUITE 300, US BANK PLAZA, P. O. BOX 1497
1015 W. ST. GERMAIN STREET
ST. CLOUD, MINNESOTA 56302-1497
TELEPHONE 320-251-6700, FAX 320-656-3500
EMAIL: MAIL@RNOON.COM
WWW.RNOON.COM

June 2, 2010

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Our File No. 12080.023

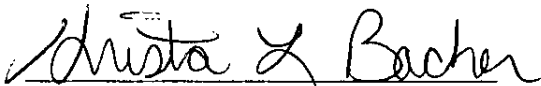
Dear Sir or Madam:

Enclosed for filing please find a Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office for SCOBITER Enterprises, LLC. I am also enclosing a Certificate of Good Standing from the Minnesota Secretary of State and a check (no. 62446) in the amount of \$125.00 payable to the Florida Department of State for the filing fees.

Please return an acknowledgment that the documents were filed to our office as soon as possible.

If you have any questions or need anything further, please call me.

Sincerely,



Krista L. Bacher, Paralegal
KLB/pkc

Enclosures

cc: Claudia Lenz (w/encls.) (via email)
William Graves (w/encls.) (via email)
Terry Nordenstrom (w/encls.) (via email)

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RINKE NOONAN SMOLEY DETER COLOMBO WIAINT, VON KORFF & HOBBS LTD.

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Brodie L. Miller
Andrew J. Steil¹
Stephen J. Swarts⁸

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCOBITER Enterprises, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Igor Lenzner

Name of Person

Rinke Noonan

Firm/Company

P.O. Box 1497

Address

St. Cloud, MN 56302

City/State and Zip Code

badgraves@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Igor Lenzner

Name of Person

at (320) 251-6700

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. SCOBITER Enterprises, 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.")

2. Minnesota 3. 27-2695389
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01-11-2010 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1200 South Pine Island Road
Plantation, FL 33324
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

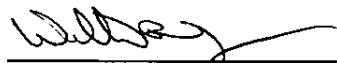
9. The name and usual business addresses of the managing members or managers are as follows:

William B. Graves
1617 Highway 12 East, P.O. Box 795
Willmar, MN 56201

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: _____

Real estate holding company



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.)

William B. Graves, Chief Manager

Typed or printed name of signee

FILED
10 JUN 10 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

SCOBITER Enterprises, 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:

CT Corporation System

(Name)

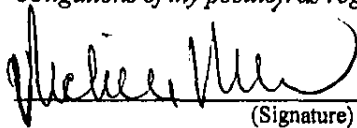
1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation, FL 33324

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 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.


(Signature)

Michele Miller
Assistant Secretary

\$ 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

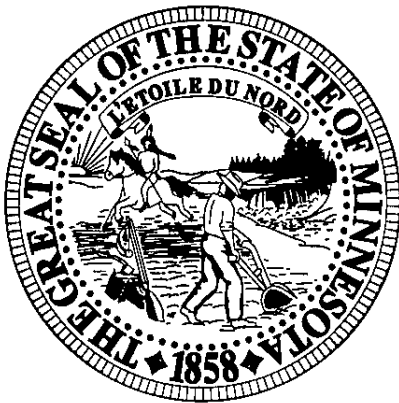
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered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

Date Formed or Registered: January 11, 2010

State of Organization: Minnesota

This certificate has been issued on May 27, 2010.



Mark Ritchie
Secretary of State.