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T. HAMPTON OCT -7 2010 EXAMINER

#### **COVER LETTER**

TO:

то:	Registration Section Division of Corporations		
SUBJE	<sub>cr:</sub> AquaticWeedBusters, I		
	Nam	ne of Limited Liability Company	
		ility Company for Authorization to Transact Business in Florida, pove referenced foreign limited liability company to transact busi	
Please r	eturn all correspondence concerning this ma	tter to the following:	
	Karrie Weber		
		Name of Person	
	AquaticWeedBusters, LLC	;	
		Firm/Company	
	640 Dutch Lake Drive		
	040 Batch Lake Brive	Address	
		1144.055	
	Howard Lake, MN 55349		
		City/State and Zip Code	
	karrie@aquaticweedb	usters.com	
	E-mail address: (to	o be used for future annual report notification)	
For furt	ner information concerning this matter, pleas	se call:	
	Karrie Weber	at (612 ) 308-2033	
	Name of Person	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	
Enclos	ed is a check for the following amoun \$125.00 Filing Fee \$\int_\$130.00 Filing Fee Certificate of State	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certifica	ate

### 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

	AquaticWeedBusters, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	MN 3. 27-2275930
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	03/26/2010 <sub>5.</sub> perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	no business transactions to date
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	640 Dutch Lake Drive
	Howard Lake, MN 55349
	(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:
	BRADLEY J. STANNARD, PRESIDENT 640 DUTCH LAKE DR LOWARD LAKE NO ST
	TERRY BERC, VICE PRESIDENT, GYO DUTCH LAKE DR, HOWARD LAKE UN 55349
	KARRIE WEBER, SECRETREASURER LOYU SUTOH LAKE DR. HOWARD LAKE UN 55349
th	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.)
1	. Nature of business or purposes to be conducted or promoted in Florida: weed harvesting
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Karrie Weber

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:			
AquaticWeedBusters, 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:			
INCORP SERVICES INC.			
17888 67th OURT WORTH Florida Street Address (P.O. Box NOT ACCEPTABLE)			
LOXAHATCHEE FL 33470			

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)

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

SECRETARY OF STATE BYVISION OF CORPORATIONS

## 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: AquaticWeedBusters, LLC

Date Formed or Registered: March 26, 2010

State of Organization: Minnesota

This certificate has been issued on October 1, 2010.



Mark Ritchie Secretary of State.