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D. BRUCE

DEC 17 2010

**EXAMINER** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE				
	Nan	ne of Limited Liability Company		
		ility Company for Authorization to Transact Busines bove referenced foreign limited liability company to		
Please r	eturn all correspondence concerning this ma	tter to the following:		
	Carole Gatten			
		Name of Person		
	Marsden Holding, L.L.C.			
		Firm/Company	<del></del>	
	380 St. Peter St., Suite 760			
		Address	eres !	
	Saint Paul, MN 55102		10 DE	erri grag
		City/State and Zip Code	- C	• <del>*****</del>
	cgatten@marsden.com		3388) 7 AUV 7 <b>9</b> I	Carrier parys
	E-mail address: (t	o be used for future annual report notification)		IT;
For furti	ner information concerning this matter, pleas	se call:	AN H: 45 UF STATE FLORID	Kan and
	Carole Gatten	at (651 ) 523-6701	لمسلد	
	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		
	ed is a check for the following amounts \$125.00 Filing Fee \$130.00 Filing Fe Certificate of Stat	e &   \$155.00 Filing Fee &   \$160.00 Filing I		

TO:

## 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 RUSINESS IN THE STATE OF FLORIDA:

	Marsden Services, L.L.C.
•••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
7.7	Delaware 3. 27-3206624  Jurisdiction under the law of which foreign limited liability ompany is organized)  (FEI number, if applicable)
4.	July 28, 2010  (Date of Organization)  5. perpetual (Duration: Year limited liability company will cease to
4	exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	380 St. Peter St., Suite 760
	Saint Paul, MN 55102 (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:
	See attached list
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
	Nature of business or purposes to be conducted or promoted in Florida: Janitorial and related services
	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.)  Sita Morantz

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.

If unpupilable t	ka altamata ta ha wa	ad in the state of Plouide is:		
II uilivaliadic, u	no anemaio to de use	ed in the state of Florida is:		
	4.4 941 4.4			
<ol><li>The name and</li></ol>	d the Florida street a	iddress of the registered agent and office are:	•	
2. The name and	d the Florida street a	ddress of the registered agent and office are:	:	
	d the Florida street a CT Corporation System	- •	: <u>2</u> 5.	
		- •		10 01
	C T Corporation System	(Name)		10 DEd 1
	C T Corporation System  1200 South Pine Island F	(Name)	TALLAHAS TALLAHAS	
	C T Corporation System  1200 South Pine Island F	(Name)		91 DEG
	C T Corporation System  1200 South Pine Island F	(Name)	TALLAHAS TALLAHAS	DEG

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.

By: Jeanne Nelson
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) Marsden Services, L.L.C.

FEIN 27-3206624

**Attachment to Annual Report** 

List of Members:

<u>Name</u>

Marsden Holding, L.L.C. (EIN 45-0482478)

100% Ownership

<u>Address</u>

380 St. Peter St., Suite 760

Saint Paul, MN 55102

<u>Name</u>

Guy Mingo Manager

Christopher W. Reid

Manager

Craig Flom Manager

Sita Morantz Manager <u>Address</u>

380 St Peter St., Suite 760

St Paul, MN 55102

380 St Peter St., Suite 760

St Paul, MN 55102

10350 Bren Road West

Minnetonka, MN 55343

380 St Peter St., Suite 760

St Paul, MN 55102

10 DEC 16 MM M: 45

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MARSDEN SERVICES, L.L.C." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4853640 8300

101129467

AUTHENTY CATION: 8384080

DATE: 11-30-10

You may verify this certificate online at corp.delaware.gov/authver.shtml