*11/40000004053

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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6/10/2014 KS

CONVERSATION WITH LEVI CHRISTIANSON



100260731541

06/04/14--01005--012 **160.00

FILED
2014 JUN -4 PM 12: 27
SECRETESSEE FLORIDA

K.SALY EXAMINER JUN 11 2014

COVER LETTER

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of

LC Enterprises & L
Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor
Please return all correspondence concerning this matter to the following:
Levi Christianson Name of Person
LC EnterPrises 2 L.L.C.
P.O. Box 523
Address
Nisswa, MN 56468
City/State and Zip Code
Centerprises 08 e gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leui Christianson at (218) 232 - 0896 Name of Contact 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
Enclosed is a check for the following amount: \$\Begin{array}{c} \pm \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A OREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	:
LC Enterprises 2, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ability Company," "L.L.C," or "LLC.")	
Minnesota 3, 27-3974744	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	T
Upon Qualification	:::
(Date first transacted business in Florida, if prior to registration.)	'n
(bet destroin observed to be destruine pointing)	7
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 12817 N. Young Lake RD. Medifield MN 56465	
12817 N. Young Lake RD. Merlifield, MN 56465 37 00	
(outer radioss of Timorpal Office)	
0- 0- 502	
P.O. 150x 525 Nisswa, MN 56468 (Mailing Address)	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
evi John Christianson / Owner	
Michael JOHN Christianson/OWNER	
The start of the control of the cont	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	
ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	
ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted)	
The	
Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true	. 1
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.)	•
Leui John Christianson	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	20 = 1
LC Enterprises 2 LLC	TALLAR TIL
If unavailable, the alternate to be used in the state of Florida is:	PHIZ: 28
2. The name and the Florida street address of the registered agent and office are:	.28
Any Narvaez	
760 Magnolia Creek Circle Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Orlando FL 32825 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 605, Florida Statutes.

Any I Marrae 7
(Signature)

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

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

LC Enterprises 2, LLC

Mark Ritchie

Date Filed:

06/26/2008

File Number:

2908273-2

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/10/2014



Mark Ritchie

Secretary of State State of Minnesota