Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company Dymax Service, LLC

Certificate of Status	0
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K. SALY EXAMINER

SEP 2 3 2014

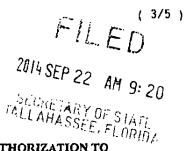
Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DYMAX Service, LLC Name of Limited Limitity 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:
Barb Pettis
DYMAX SERVICE LLC
4951 Mustang Circle
St Paul, Mr S5112
De His Comarsonus Con Email address; (lo bo used for future cannual report notification)
For further information concerning this matter, please call:
Back Pettis at 763 717-3117 Name of Contact Person Area Code Daytima Telephone Number
MALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahasseo, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahasseo, FL 32301
Enclosed is a check for the following amount: U\$125,00 Filing Fee



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

BI COLOR MARKET WAS COLOR OF THE COLOR OF TH
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. DYMAX Service, LLC
(Name of Foreign Limited Linbility Company; must include "Limited Liability Company," L.L.C.," or "LLC.")
(If name unavailable, onler alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. De la Core 3. 37-17473977 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4 (Date flost transacted business in Planda, if prior to presistration.)
(Date flest transacted business in Plurids, if prior to registration.) (See sections 605.0904 & 605.0905, F.3. to determine penalty liability)
s. 4751 Mustang Circle
St Paul Mr SS/12
(Street Address of Principal Office)
(Mailing Address)
· · · · ·
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Deb Hronoski, Controllen
4751 Mustang Circle
J
St. Paul, MN 55/12
8. 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)
10. br. 1111 11 11
PI VINIA LI . U I. REVONA-AMEA
Signature of an authorized person
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an offirmation under the population 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.)
(In accordance with section 605.0203, F.S., the execution of this document constitutes an offirmation under the penalties of perjury that the facts stated harsin are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felosy as provided for in s.417.155, P.S.)
(in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the population of perfury that the facts stated harsin are true. I

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SELECTARY OF STATE
FALLAHASSEE, FLORIO;

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 L	mited Liability Company is:	
DYMAX	Service, LLC	
If unavailable, the alte	mate to be used in the state of Florida is:	
2. The name and the l	Florida street address of the registered agent and office are:	
стс	apporation System	
	(Naine)	
1200 \$	outh Pine Island Road	
	iflorida Street Address (P.O. Box NOT ACCEPTABLE)	
Planto		٠
	City/State/Zip	
liability company at the registered agent and ag statutes relating to the	registered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as tree to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duttes, and I am familtar with and if my position as registered agent as provided for in Chapter 605, Florida	
<u>Ву:</u>	Corporation System Welly Michele Mill (Signature) Assistant Secre	
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DYMAX SERVICE, LLC" 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 NINETEENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5454829 8300

141087865

You may vorify this cortificate online at corp. dolawars, gov/authver.shtml

AUTHENT CATION: 1632280

DATE: 08-19-14