Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092 Fax Number : (850)878~5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

RECEIVED

14 OCT -9 PM 12: 00

WISHON OF CURPORATIONS
BUREAU OF COMPILER OF

Foreign Limited Liability Company Millennium II, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	05		
Estimated Charge	\$125.00		

OCT 10 2014

S. YOUNG

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Corporate Filing Menu

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COVER LETTER

. 1

TO:	Registration Section
	Division of Cornerations

.

SUBJECT: Millennium II, 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:

Susan J. Reiter
Name of Person
The Goodman Group
Firm/Company
1107 Hazeltine Boulevard, Ste 200
Address
Chaska, MN 55318
City/State and Zip Code
licensing@thegoodmangroup.com
D -cit-d (to be read for better enough regard politication)

For further information concerning this matter, pleuse call:

Susan J. Reiter

,612

618-1682

Name of Contact Person

Area Cod

Dayline Telephone Number

MAILING ADDRESS:

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

Tallahassec, FL 32301

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle

Enclosed is a check for the following amount:

■ \$125,00 Filing Fee

S130.00 Filing Fee & Certificate of Status

☐ \$155,00 Filing Fee & Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Millennium II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C.," or "L.C." (If name unavailable, enter 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. Minnesota 09/29/2014 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) date of filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318 (Street Address of Principal Office) 6. 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: John B. Goodman, President of JBGE/Millennium II, Inc., Its Managing Member Boulevard, Ste 200, Chaska, MN 55318 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) Signature of an authorized person (in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuty 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 followy as provided for in \$817:(55(F.S.) John B. Goodman; President of Managing Member Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

STATUTES, T	HE UNDERSIO STATEMENT '	INED LIMIT TO DESIGN,	ECTION 605.0113 or 605. ED LIABILITY COMPAN ATE A REGISTERED OF	NY SUBMITS THE	· ·	
1. The name o			nany is:	······································		
If unavailable,	the alternate to	be used in the	e state of Florida is;			
2. The name at			of the registered agent and	office are:		
	NRAI S	ervices,				
			(Name)			
			e Island Road			
	Ple	orida Street Add	iress (P.O. Box NOT ACCEPTAN	ile)		
	Plantation		FL 33324			
			Cîty/Stato/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. Assistant Scriptary						
	.)	(Signa \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Applicati	ed Agent al)	FILED 14 OCT -9 PM 2: 34 SECRETARILL'S FAIL TALLAMYSSEE, FLOREDA	

Office of the Minnesota Secretary of State Certificate of Good Standing

。 [1] "我们是是一种的心理,我就是有种的人,我们就有一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人

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:

Millennium II, LLC

Date Filed:

09/29/2014

File Number:

785647200043

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/09/2014



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota

4 0CT -9 PH 2:34 ECRETARS - STATE NITAHASSET ITORDA