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.

(((H140002413973)))



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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 \mathcal{L} annual report mailings. Enter only one email address please.

Email Address:_



Foreign Limited Liability Company Terracina III, LLC

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

OCT 1 6 2014

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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Terracina III, LLC

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

Name of Limited Liability Company

The enclosed "Application by Poteign 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:

the property of the state of th	
Susan J. Reiter	
Name of Person	-
The Goodman Group	
Pitm/Company	-
1107 Hazeltine Boulevard, Ste 200	
Address	2200
Chapte MAN EE240	
Chaska, MN 55318	<u>.</u> 걸림 용 -
City/State and Zip Code	
licensing@thegoodmangroup.com	<u>ੇ</u> ਹ
E-mail address: (to be used for future amusal roport notification)	
For further information concerning this matter, please call:	
Susan J. Reiter612 , 618-1682	
Name of Contact Person Area Code Daytime Telephone Number	_
MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32314	

☐ \$155.00 Filing Fco & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REFOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GISTER A
1. Terracina III, LLC	
(Name of Poreign Limited Liability Company; must biolude "Limited Liability Company," "L.L.C.," or "L.C.")	
(If name unavailable, outer alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Linbility Company," "LL.C," or "LLC.")	Limited
2. Minnesota (Invisid letters under the law of which forming limited liability 3. 47 - 2009 09 2	
company is organized)	
4. Date of filing	_
(Date first transacted business in Pforda, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)	
5. 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318	
(Street Address of Priscipal Office)	
6 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 55318	
0	
(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, Chief Manager & President, 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 553	18
Denise A. Olson, Secretary, 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 553	18
Ronald F. Nutting, Treasurer, 1107 Hazeltine Boulevard, Ste 200, Chaska, MN 553	18
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is a acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translated)	ot
John Beforenon	
Signature of an authorized person (In occordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated ann aware that any false information submitted in a document to the Department of State constitutes a third degree belony as provided for in a.817.155, it	herein are true. I (A.)
John B. Goodman, President	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

STATUTES, THE U	INDERSIGNED LIMITE TEMENT TO DESIGNA	CTION 605.0113 or 605.0902 (1)(d), FLA PD LIABILITY COMPANY SUBMITS 1 TE A REGISTERED OFFICE AND REG	THE		
1. The name of the l	Limited Liability Compa	iny is:			
If unavailable, the ai	ternate to be used in the	state of Florida is:	•		
2. The name and the	Florida street address o	f the registered agent and office are:			
N	RAI Services,	Inc.			
		(Namo)			
12	00 South Pine	e Island			
		ress (P.O. Box NOT ACCEPTABLE)	-		
Pla	ntation	33324			
		FL City/State/Zip	-		
liability company at i registered agent and statutes relating to th	he place designated in th agree to act in this capa e proper and complete p	o accept service of process for the above . nis certificate, I hereby accept the appoint city. I further agree to comply with the pr erformance of my duties, and I am familic tered agent as provided for in Chapter 60	tment as rovisions of all ar with and is, Florida	: 8 T	
	Weller W (Signat	Michele Miller Me olotant Sec retary		ਰ <u>ਜਿ</u>	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00			를 ⁽⁾ 주 ()	

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:

Terracina III, LLC

Date Filed:

10/13/2014

File Number:

788089300039

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

10/14/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota

14 DCT 15 ME ID: 50 SECRETARIO DE DATE FANT ARROPERO DE DEDA