Division of Corporations Electronic Filing Cover Sheet

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(((H140003015073)))



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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:

Foreign Limited Liability Company CPB Co-Tenant (Springwood), LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125,00

JAN -1 2015

Electronic Filing Menu

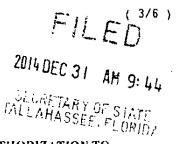
Corporate Filing Menu

Help

COVER LETTER

	egistration Section Ivision of Corporations	:		·		
SURJECT	CPB Co-Tenant (Spri	ingwood), LLC		•		
		Nume	of Limite	d Liability Company		
The enclose Existence, a	ed "Application by Fore and check are submitted	ign Limited Liabi to register the ab	lity Com ove refer	nany for Authorization enced fereign limited	n to Trai Iiability	nsnet Business in Florida," Certificate company to transact business in Flori
Please retur	rn till correspondence co	ncerning this mat	ter to the	following:		
	John Nolde					
			N	ame of Person		
	Winthrop & Weir	istine, P.A.				
			Fi	туСопенту		<u> </u>
	225 South Sixth S	itroct, Suite 3500				
				Address		
	Minneapolis, MN	55402				-
			City/S	tute and Zip Code		
-	eroskam@Domini				_	
		E-mail address:	to be used	for future annual repor	t notifica	tion)
Por further	information concerning	this matter, picas	e call:			
Jo	ohn Nolde			612	KB4-K4B	n
<u>==</u>		Contact Person		Aren Code	Day	time Telephone Number
м	AILING ADDRESS:		STREE	T ADDRESS:		
Division of Corporations			n of Corporations			
	gistration Section			ition Section		
	O, Box 6327			Building		
18	diahassee, FL 32314			cecutive Conter Circle sace, FL 32301	;	
Enclosed	is a check for the fo	llowing amour	nt:			
		🗆 \$130,00 Filing		☐ \$155.00 Piling F	ee &	\$160.00 Filing Fee, Certificate
	•	Certificate of	Status	Certified Copy		of Status & Certified Copy

12/31/2014 12:25:45 From: To: 8506176383



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

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:

(Name of Forel	gwood), LLC gn Limited Liebility Compr	iny; must include "Limite	d Liability Con	pany," "L.L.C.," or	"ELC.")
If name unavaitable, enter all iability Company," "L.L.C."	ternate name adopted for the or "L.L.C.")	s purpose of transacting t	ousiness in Flor	idn. The alternate nat	me must include "Limited
Minnesota	·	2			
(Jurisdiction under the law company is organized)	of which foreign limited lit	3	(FE	I number, if opplical	əlo)
	(Date lirst transact (See sections 605.090	ed business in Flurids, if 4 & 605.0905, F.S. to det	prior to registra emine penalty	ion.) lish(lity)	
2905 Northwest Boule	vard, Suite 150	 .			
Plymouth, MN 55441					
		Street Address of Principa	nl ()(lice)		
2905 Northwest Boules	rard, Suite 150			,	
Plymouth, MN 55441					
		(Mailing Address			
7. The name, title or See Attache	•	of the person(s) wh	no has/have	authority to ma	nage is/are:
<u> </u>			<u> </u>		
		,,	 -		
Attached is an originaving custody of reco ecceptable. If the certification be submitted)	rds in the jurisdiction	n under the law of t	which it is o	rganized. (A ph	notocopy is not
					-
n accordance with section 605.0 n aware that any false information	1203, F.S., the execution of this		irmution juider th		
	Christopher P. Barnes				-
	Турес	d or printed name o	f 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.

	le, the alternate to be used	I in the state of Florida is:	
2. The nam	e and the Florida street ad	dress of the registered agent and office are:	
	C T Corporation System		
		(Name)	
	1200 South Pine Island R	Load	
	Florida Str	ect Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324 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.

By: CT Corporation System Michele Willer 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)

FILED 2014 DEC 31 AM 9: 44 SECRETARY OF STATE FALLAHASSEE, FLORID:

Armand E. Brachman – Co-Chief Manager

Paul R. Sween – Co-Chief Manager

Mark S Moorhouse – Senior Vice President

Jeffrey R Huggett – Vice President

Christopher P Barnes – Vice President

2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441

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:

CPB Co-Tenant (Springwood), LLC

Date Filed:

12/30/2014

File Number:

802777400024

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/31/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota