Division of Corporations



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(((H150000025873)))



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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 Self Esteem Brands, LLC

Certificate of Status	0
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JAN 060 2015 Help J. BRUCE

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT:	Self Esteem Brands, LL		ted Liability Company		_		
				Transact Business in Florid			
Please return	n all correspondence conc	erning this matter to th	ne following:				
	Meredith Bauer				_		
		,	Name of Person				
	····		Firm/Company		_		
	12181 Margo Av	enue South, Sui	te 100	<u> </u>	_ 75 CT	20:	
			Address			<u>5</u>	
	Hastings, MN	55033			13.	2	***************************************
		Ciry	State and Zip Code		SSE	2	
	meredithb@anytimet					70	1
For further is	nformation concerning thi	•	ed for future annual report so	discation)	T STATE	3: 04	A COLUMN
	Name of Co	ntáct Person	at ()	Daytime Telephone Number	_		
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section J. Box 6327 lahassee, FL 32314	Divisi Regis Clifto 2661	EET ADDRESS: ion of Corporations tration Section in Building Executive Center Circle hassee, FL 32301				
	is a check for the folks \$125.00 Filing Fœ □	owing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee Certified Copy	& 3160.00 Filing Fcc, of Status & Certific		le	

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 Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liebility Company," "LL.C," or "LLC.")	Limited
2. Minnesota 3. 46-4811201	
(Fill number, if applicable) company is organized)	_
4. Upon Qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty Hability)	 -
5. 12181 Margo Avenue South, Suite 100, Hastings, MN 55033	
(Street Address of Principal Office)	2
6. Same	2015 JAN
حمر بيور ،	· E
(Mailing Address)	gran
្តា សុ	္က က ႏူ
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Charles Runyon, 12181 Margo Avenue South, Suito 100, Hastings, MN 55033 (WWW) Gee	
John Pindred , 12181 Margo Avenue South, Suite 100, Hastings, MN 55033 (manage)	_ 5 - 3 - 3
David Mortensen , 12181 Margo Avenue South, Suite 100, Hastings, MN 55033 (MCCCCC 447)	
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 no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation o	ot ansiator havin sie tno. I
John Pindred	
Typed or printed name of signee	

1. The name of the Limited Liability Company is:

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.

Self Esteem Brands, LLC	
If unavailable, the alternate to be used in the state of Florida is:	はない。
2. The name and the Florida street address of the registered agent and office are:	THE STATE OF
C T Corporation System	· · ·
(Name)	
	4
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation F1, 33324	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated lin 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 statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, Florid Statutes.	s of all and
CT Corporation Bystem Michele Miller	
By: William Accident Socretary	
(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:

Self Esteem Brands, LLC

Date Filed:

02/13/2014

File Number:

733383100025

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/05/2015



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota