# M150000000545

| (Re                                     | questor's Name)  |             |  |
|---|------------------|-------------|--|
| (Address)                               |                  |             |  |
| (Address)                               |                  |             |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |
| (Business Entity Name)                  |                  |             |  |
| (Document Number)                       |                  |             |  |
| Certified Copies                        | _ Certificate:   | s of Status |  |
| Special Instructions to Filing Officer: |                  |             |  |
|   |                  |             |  |
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SECKETARY OF STATE

\*Office Use Only

1014-11694

JAN 2 2 2015

T. HAMPTON

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT: Dew Mor Enterprises, LLC  Name of Limited Liability Company |   |  |  |
|--|---|--|--|
| The enclosed "Ap<br>Existence, and ch                                | pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of seck are submitted to register the above referenced foreign limited liability company to transact business in Florida.   |  |  |
| Please return all o  | correspondence concerning this matter to the following:   |  |  |
|  | Kris Kaiser   |  |  |
|  | Name of Person  |  |  |
|  | Johnson, Moody, Schmidt & Kleinhuizen, P.A.   |  |  |
|  | Firm/Company  |  |  |
|  | 320 South First Street  |  |  |
|  | Address   |  |  |
|  | Willmar, MN 56201   |  |  |
|  | City/State and Zip Code   |  |  |
| -  | ksds2@charter.net E-mail address: (to be used for future annual report notification)  |  |  |
| For further inform   | nation concerning this matter, please call:   |  |  |
| Duane  | e Scholten  Name of Contact Person  Area Code  Area Code  Daytime Telephone Number  |  |  |
|  | Name of Contact Person Area Code Daytime Telephone Number   |  |  |
| Division<br>Registra<br>P.O. Bo                                      | NG ADDRESS: In of Corporations Into Section |  |  |
|  | check for the following amount:  .00 Filing Fee  \$\Bigcup \\$130.00 \text{Filing Fee & }\Bigcup \\$155.00 \text{Filing Fee & }\Bigcup \\$160.00 \text{Filing Fee, Certificate} \text{Certificate Copy} \text{of Status & Certified Copy}   |  |  |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 JAN 20 AM 10:00

J.VISION OF CURPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

December 30, 2014

KRIS KAISER JOHNSON MOODY SCHMIDT & KLEINHUIZEN PA 320 S FIRST ST WILLMAR, MN 56201

SUBJECT: DEW MOR ENTERPRISES LLC

Ref. Number: W14000076774

We have received your document for DEW MOR ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 914A00027436

### 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: Dew Mor Enterprises, LLC (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 "Limited Liability Company," "L.L.C," or "LLC.") Minnesota (Jurisdiction under the law of which foreign limited liability company is organized) To be determined (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 608 24th Avenue SW Willmar, MN 56201 (Street Address of Principal Office) 608 24th Avenue SW Willmar, MN 56201 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Manager: Duane Scholten 608 24th Avenue SW Willmar, MN 56201 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 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.) Duane Scholten Typed or printed name of 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.

| 1. The name of the Limited Liability Company is:   |  |  |  |
|--|--|--|--|
| If unavailable, the alternate to be used in the state of   | Florida is:  |  |  |
| 2. The name and the Florida street address of the reg  | ristered agent and office are:   |  |  |
| Duane Scholten   |  |  |  |
| (Nam   | e)   |  |  |
| 8312 Eagle Isles Place Florida Street Address (P.O.  | Box NOT ACCEPTABLE)  |  |  |
|  | FL 34212<br>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. |  |  |  |
|  | Fee for Application nation of Registered Agent   |  |  |
| \$ 30.00 Certifi   | icate of Status (optional)  FLORIDA  THE STATE OR THE STA |  |  |

#### 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:

Dew Mor Enterprises LLC

Date Filed:

11/20/2014

File Number:

795076300029

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/16/2014



Mark Ritchie
Mark Ritchie

Secretary of State
State of Minnesota