# MI 5000001105

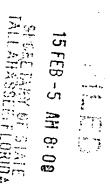
questor's Name)	<u>-</u>
dress)	
dress)	<del> </del>
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	me)
cument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)





800269025958

02/05/15--01012--015 \*\*125.00



#### **GLASSMAN LAW FIRM**

Richard A. Glassman

Telephone (612) 337-9559 Fax (763) 544-6427 222 South Ninth Street, Suite 1600 Email: rglassman@rglassmanlaw.com Minneapolis, MN 55402

January 31, 2015

#### **OVERNIGHT DELIVERY**

Florida Secretary of State Division of Corporations Registration Section Post Office Box 6327 Tallassee, FL 32314

Re:

707 Teton LLC Our File No. 2473-1

Dear Sir or Madam:

Enclosed you will find the Application for Foreign Limited Liability Company for authorization to transact business in Florida and a Certificate of Good Standing issued by the Minnesota Secretary of State, together with a check in the amount of \$125.00. The Certificate was obtained from the Secretary of State of Minnesota and a fee was paid. I am told this is what they issue for this purpose. Please see that these are filed in the appropriate manner. When the filing is completed, please return the documents to me at the address above.

Thank you for your cooperation in this matter. In the event you have any questions, please contact me at the telephone number above.

Very truly yours,

Richard A. Glassman

RAG/tlt **Enclosures** 

Mr. Lance Plummer cc:

### **COVER LETTER**

Registration Section Division of Corporations

707 Teton LLC

TO:

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:
Richard Glassman
Name of Person
Glassman Law Firm
Firm/Company
222 South Ninth Street #1600
Address
Minneapolis, MN 55402
City/State and Zip Code
lance@titleone.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Glassman Name of Contact Person  at (612) Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsig \mathbb{1}25.00 \text{ Filing Fee}  \Bigsig \mathbb{1}30.00 \text{ Filing Fee & Certificate of Status}  \Bigsig \mathbb{1}155.00 \text{ Filing Fee & Gertified Copy}  \Bigsig \mathbb{1}160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}  \text{of Status & Certified Copy}

## 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:

707 Teton 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 "Lin Liability Company," "L.L.C," or "LLC.")	_ mited
2. Minnesota 3. 47-2201579	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	-
1	_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5044 Dupont Ave. S. Minneapolis, MN 55419	
Zni co	_
(Street Address of Principal Office)	_
5044 Dupont Ave. S. Minneapolis, MN 55419	
(Mailing Address)	77
(Walning Address)	r st. rang
'. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
ance Plummer, Chief Manager	
5044 Dupont Ave. S. Minneapolis, MN 55419	_
Dupont Ave. 6. Willineapolis, Wild 35475	_
Associated in an existent consistence of evictorial management of device and device extremely have been of	Yi alal
. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	
eceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the translati	
nust be submitted)	
ec. M	
Signature of an authorized person	
n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated her	rein are tr

Lance Plummer

Typed or printed name of signee

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.)

## 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 in the state of Florida is:	<u> </u>	<del></del> -	
2. The name	e and the Florida street address of the registered agent and office a	re:	Parameter of the second	
	Beate Baehre			
	(Name)		15 F	
	5094 Harrogate Ct	三 二 元 元 元 元 元 元 元	-83	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		5	
	Naples, FL <del>94119-</del> FI, 341/2	2-362	AH 8: 0	
	City/State/Zip	7.2 0,7	80	
liability com registered as statutes rela	n named as registered agent and to accept service of process for the apany at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply with a ting to the proper and complete performance of my duties, and I ambligations of my position as registered agent as provided for in Charles (Signature)  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Age \$ 30.00 Certified Copy (optional)	appointment as h the provision familiar with a pter 605, Flori	i is of all and	

\$ 5.00 Certificate of Status (optional)

### Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, 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: 707 Teton LLC

Date Filed: 10/28/2014

File Number: 790776800026

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 01/30/2015

Oteve Pinn Steve Simon

Secretary of State State of Minnesota 15 FEB -5 AM 8: 08
SECRETARY OF STATE
ALL ARXESPT

