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### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NPI South Dixie LLC  Name of Limited Liability Company	and the second s
The enclosed "Application by Foreign Limited Liability Company for Authorization to Tra Existence, and check are submitted to register the above referenced foreign limited liability	
Please return all correspondence concerning this matter to the following:	
Kathleen M. Martin, Esq.  Name of Person	
Malkerson Gunn Martin LLP Firm/Company	***************************************
220 South Sixth Street, Suite 1900	
Address	
Minneapolis, MN 55402	
City/State and Zip Code	
kmm@mgmllp.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Kathleen M. Martin at ( 612 ) 344-1	1111
	ime Telephone Number
Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Division of Registration  Registration  Registration  Registration  2661 Executive Section  Division of Registration  Registration  Registration  Registration  2661 Executive Section  2661 Executive Section  Division of Registration  Registration	
Enclosed is a check for the following amount:  \$\Begin{align*} \Boxed{125.00 Filing Fee} & \Boxed{130.00 Filing Fee & Certificate of Status} \Boxed{1355.00 Filing Fee & Certified Copy} \end{align*}	■ \$160.00 Filing Fee, Certificate 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:

NPI South Dixie     Name of Fore	LLC ign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")
N/A	, , ,	
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting or "LLC.")	g business in Florida. The alternate name must include "Limited
2. Delaware		0-0854374
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
4. [Has not yet tran	(See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)
s. 315 Manitoba A	venue South, #300	
Wayzata, MN 5	(Street Address of Principal Offic	
6. 315 Manitoba	Avenue South, #300	
Wayzata, MN	55391 (Mailing Address)	
7. Name and street address	of Florida registered agent: (P.O. Box NO	<u>Cacceptable</u> )
Name:	Brent M. Reynolds	
Office Address:	2903 Salzedo Street	
	Coral Gables	, Florida_33134
	(City)	(Zip code)
this application, I hereby a	ance: eistered agent and to accept service of proces eccept the appointment as registered agent a tatutes relative to the proper and complete p ion as registered agent.	(Zip code)  ss for the above stated corporation at the place designated in  nd agree to act in this capacity. I further agree to comply  erformance of my duties, and I am familiar with and accept
Having been named as reg this application, I hereby a with the provisions of all s the obligations of my posit	ance: eistered agent and to accept service of proces accept the appointment as registered agent a tatutes relative to the proper and complete p ion as registered agent.  (Registered agent's si	(Zip code)  ss for the above stated corporation at the place designated in and agree to act in this capacity. I further agree to comply erformance of my duties, and I am familiar with and accept  gnature) Brent M. Reynolds
Having been named as reg this application, I hereby a with the provisions of all so the obligations of my posit 8. The name, title or capac	ance: eistered agent and to accept service of process accept the appointment as registered agent a tatutes relative to the proper and complete p ion as registered agent.  (Registered agent's si	(Zip code)  as for the above stated corporation at the place designated in and agree to act in this capacity. I further agree to comply erformance of my duties, and I am familiar with and accept  gnature) Brent M. Reynolds  e authority to manage is/are:
Having been named as reg this application, I hereby a with the provisions of all so the obligations of my posit 8. The name, title or capac	ance: eistered agent and to accept service of proces accept the appointment as registered agent a tatutes relative to the proper and complete p ion as registered agent.  (Registered agent's si	(Zip code)  as for the above stated corporation at the place designated in and agree to act in this capacity. I further agree to comply erformance of my duties, and I am familiar with and accept  gnature) Brent M. Reynolds  e authority to manage is/are:
Having been named as reg this application, I hereby a with the provisions of all s the obligations of my posit  8. The name, title or capac Brent M. Reynolds  9. Attached is a certificate of	ance: eistered agent and to accept service of process accept the appointment as registered agent a tatutes relative to the proper and complete p ion as registered agent.  (Registered agent's si city and address of the person(s) who has/hav s, Organizer, 2903 Salzedo Stree of existence, no more than 90 days old, duly a f which it is organized off the certificate is in bmitted)	(Zip code)  as for the above stated corporation at the place designated in and agree to act in this capacity. I further agree to comply erformance of my duties, and I am familiar with and accept gnature)  Brent M. Reynolds  e authority to manage is/are:  at, Coral Gables, FL 33134  muthenticated by the official having custody of records in the a foreign language, a translation of the certificate under oath
Having been named as reg this application, I hereby a with the provisions of all s the obligations of my posit  8. The name, title or capac Brent M. Reynolds  9. Attached is a certificate o jurisdiction under the law o of the translator must be sul	ance: eistered agent and to accept service of proces accept the appointment as registered agent a tatutes relative to the proper and complete p ion as registered agent.  (Registered agent's si city and address of the person(s) who has/hav s, Organizer, 2903 Salzedo Street of existence, no more than 90 days old, duly a f which it is organized off the certificate is in bmitted)  Signature of an authoriz in accordance with section 605.0203 (1) (b), 1	(Zip code)  as for the above stated corporation at the place designated in and agree to act in this capacity. I further agree to comply erformance of my duties, and I am familiar with and accept  gnature) Brent M. Reynolds  e authority to manage is/are:  at, Coral Gables, FL 33134  authenticated by the official having custody of records in the

## Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NPI SOUTH DIXIE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NPI SOUTH DIXIE LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5604002 8300

151024168

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2536729

DATE: 07-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml