## M15000005841

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oith Sate Light Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Number
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000274734950

07/23/15--01022--002 \*\*155.00

FILED

2015 JUL 23 MI II: 26

1. LEB TAKE OF STATE
1. AT LATIASSEL FLORDA

COVER LETTER 1

SHR HECT:	IP II Orlando LLC					
C Data. T.			Limited Liability (	ompany		
he enclosed Existence, a	l"Application by Fo id check are submitt	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Florida." C y company to transact busine	Pertificate ss in Flori
lease returi	all correspondence	concerning this matter to the	following:			
	Lonnie L. Pro	vencher				
		N	ame of Person			
	Interstate Parti	ners II LLC				
	Firm/Company					
	500 Jackson Street, Suite 200					
	Address					
	St. Paul, MN 5	55101				
		City/S	itate and Zip Code			
	łprovencher@in	terstatepartnersmu.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
or further i	nformation concernit	ng this matter, please call:				
Jay F. Cook		239	687-24	00		
	Name	of Contact Person	Area Code	-/ Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	■ \$155,00 Filir Certified Copy	g Fee &	☐ \$160,00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO IRANSACT BUSINESS IN THE STATE OF FLORIDA (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") (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.") 3. <u>47-2702920</u> (ITH number: if applicable) 2. Minnesota (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 500 Jackson Street, Suite 200 St. Paul, MN 55101 (Street Address of Principal Office) 500 Jackson Street, Suite 200 St. Paul, MN 55101 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable) Law Offices of Jay F. Cook, P.L. Name: 5150 N. Tamiami Trail, Suite 201 Office Address: , Florida 34103 (Zip code) Naples

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Lonnie L. Provencher, Chief Manager, 500 Jackson Street, Suite 200, St. Paul, MN 55101;
Interstate Partners II LLC, Manager, 500 Jackson Street, Suite 200, St. Paul, MN 55101

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

Jay F. Cook

Typed or printed name of signee

## 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: IP II Orlando LLC

Date Filed: 12/16/2014

File Number: 799643700026

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 07/20/2015

Oteve Pinnon Steve Simon

Secretary of State State of Minnesota